

Appeal Period Expires 4/9/25
 Zoning District R1 + SRPO

Town of Essex, Vermont
Application for Zoning Permit
 (Building Permit)

Application Date 3/19/25
 Permit Number 2025-31

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

SIGN HERE: Kacey Whelan

A Parcel Account Num. (Map-Parcel-Lot) 2-01 0 - 071 - 00 1
 Property Address : 50 Colonel Page Rd. Essex VT
 Owner: Kacey and Philip Whelan 05452
 Owner Address: Mills Lane Michael
 Owner Phone: (work) _____ (Cell) 781 913 7419
 (Email) Ksonia08@yahoo.com
 Tenants name: Bert Duffy Phone: 802 782 7311
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 4/1/25 Completion: 8/1/25
 Sq. Feet: 374 Estimated Cost (labor & materials): \$ 30,000

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Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

<i>Residential:</i>	N	A	R
Single Family	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inclusions or Additions:</i>			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: 0 Existing Bedrooms 3

C Water (Please attach Water Service Application if applicable).
 Public Well Fee \$ _____ Date Paid: ___/___/___

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval: ___/___/___ n/a

E Stormwater n/a
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

Single story addition.
Family room + half bath.
See attached.

Signature of Tenant and Signature of Owner Kacey Whelan

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>81</u>	<u>3/19/25</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>15</u>	<u>3/19/25</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Approved Rejected Date 3/25/25

Issued to: KM + PM Whelan

Zoning Administrator: Shawn Kelley

Notes: Energy info given

C.O. Required Yes No
 (Certificate of Occupancy)

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED

