

Appeal Period Expires <u>5/15/25</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u> / / </u> Permit Number <u>2025-53</u>
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- 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: *[Signature]*

A	Parcel Account Numb. (Map-Parcel-Lot) <u>2-084-001-017</u> Property Address : <u>42 Windridge Rd.</u> Owner: <u>Kimberly R. Elia / Robert W. Travers Jr.</u> Owner Address: <u>same</u> Owner Phone: (work) <u>802-857-7532</u> (Cell) <u>802-324-1366</u> (Email) <u>btravers18cp@gmail.com</u> Tenants name: <u>Renee Gagnon contractor</u> Phone: <u>802-316-1345</u> (or contractor) Cell: _____ Estimated Construction Dates: Start: <u>6/30/25</u> Completion: <u>9/15/25</u> Sq. Feet: <u>168</u> Estimated Cost (labor & materials): <u>\$21,000</u>
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G

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 checked="" 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 <input checked="" type="checkbox"/> Septic <input type="checkbox"/> Connection Fee \$ _____ Date Paid: ___/___/___ Proposed New Bedrooms: _____ Existing Bedrooms _____
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C	Water (Please attach Water Service Application if applicable). Public <input checked="" type="checkbox"/> Well <input type="checkbox"/> Fee \$ _____ Date Paid: ___/___/___
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D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval : ___/___/___ <u>existing</u>
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E	Stormwater <input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application. <input type="checkbox"/> 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.
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F	Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.
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	<u>See attached.</u> <u>First floor deck under second story deck.</u> Signature of Tenant and Signature of Owner <u><i>[Signature]</i></u>
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Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>4/25/25</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>15</u>	<u>4/25/25</u>
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

Building Permit

Approved Rejected Date 4/30/25

Issued to: K. Elia / R. Travers Jr.

Zoning Administrator: *[Signature]*

Notes: _____

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

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

