

Appeal Period Expires <u>5/21/25</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u> </u> / <u> </u> / <u> </u> Permit Number <u>2025-58</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: Chelsea Harris

A	Parcel Account Numb. (Map-Parcel-Lot) 2- <u>0</u> <u>3</u> <u>9</u> <u>0</u> <u>1</u> <u>4</u> <u>0</u> <u>0</u> <u>0</u> Property Address: <u>5 Patricia Place, Essex</u> Owner: <u>Bridget & Travis Fuller</u> Owner Address: <u>5 Patricia Place, Essex</u> Owner Phone: (work) _____ (Cell) <u>802-777-3823</u> (Email) <u>bridget.fuller@live.com</u> Tenants name: <u>Chelsea Harris, GC</u> Phone: <u>802-324-0833</u> (or contractor) _____ Cell: _____ Estimated Construction Dates: Start: <u>05/05/25</u> Completion: <u>07/01/25</u> Sq. Feet: _____ Estimated Cost (labor & materials): <u>\$75,000</u>
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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 type="checkbox"/>	<input checked="" 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 <input 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 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 : ___/___/___
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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 ½ 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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See attached

Signature of Tenant and	Signature of Owner

dotloop verified
 04/25/25 11:03 AM EDT
 WDE7-TDTR-SXTF-WY62

Office Use Only

Fees:	Type	Amount	Date Pd	
Permit		\$ <u>20250</u>	___/___/___	
Recreation		\$ _____	___/___/___	
Recording		\$ <u>30</u>	___/___/___	
Certificate of Occ		\$ <u>100</u>	___/___/___	
Other		\$ _____	___/___/___	

Building Permit
 Approved Rejected Date 5/6/25

Issued to: Bridget K. + Travis T. Fuller
 Zoning Administrator: Sharon Kelley
 Notes: _____

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

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

F Diagram – Provide diagram here and include all setbacks

Replacing all flooring on the upper level, replacing all kitchen cabinets, plumbing and light fixtures. Replacing the shower in the primary bathroom as well as the vanities in both bathrooms. Removing one non-load bearing wall in the kitchen. No changes to the layout, number of bedrooms or bathrooms.