

Appeal Period Expires 6/25/25
 Zoning District R2

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

Application Date 1/1/
 Permit Number 2025-78

- 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:

A Parcel Account Numb. (Map-Parcel-Lot) 2- 0 9 6 0 0 1 0 3 4
 Property Address : 4 Southdown Court *Southdown*
 Owner: Taylor and Theodore Gamache
 Owner Address: 4 Southdown Court
 Owner Phone: (work) 802-860-3315 x101 (Cell) 802-881-7299
 (Email) Gamache.home@gmail.com
 Tenants name: _____ Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 06/23/25 Completion: 12/31/25
 Sq. Feet: 560 Estimated Cost (labor & materials): \$12,000

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 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 checked="" 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: _____ Existing Bedrooms _____

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 : ___/___/___ *existing*

E Stormwater
 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.

see attached
 Signature of Tenant and Signature of Owner *[Signature]*

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>15.</u>	<u>6/10/25</u>
Recreation		\$ _____	
Recording		\$ <u>12.</u>	<u>6/10/25</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

Building Permit
 Approved Rejected Date 6/10/25
 Issued to: T+T. Gamache
 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**



Replace old
shed with
10'x20 shed

New
12'x30'
Deck

side 15'
near 20'
will meet
setbacks

40' front