

Appeal Period Expires <u>7/11/25</u> Zoning District <u>AR2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>6/25/25</u> Permit Number <u>2025-95</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) 2- <u>011-042-000</u> Property Address : <u>219 Browns River Road</u> Owner: <u>Madison Catella, Justin Little, Michael Czaplacke</u> Owner Address: _____ Owner Phone: (work) _____ (Cell) <u>802-989-8373</u> (Email) _____ Tenants name: <u>N/A</u> Phone: _____ (or contractor) Cell: _____ Estimated Construction Dates: Start: <u>6/25/25</u> Completion: <u>12/1/25</u> Sq. Feet: <u>1,505</u> Estimated Cost (labor & materials): \$ <u>10,000</u>
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Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel																																																																																								
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B	Sewage Disposal (Please attach Sewer and/or State Septic Approval). Public <input type="checkbox"/> Septic <input checked="" type="checkbox"/> Connection Fee \$ _____ Date Paid: ___/___/___ Proposed New Bedrooms: <u>0</u> Existing Bedrooms <u>3</u>
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C	Water (Please attach Water Service Application if applicable). Public <input type="checkbox"/> Well <input checked="" type="checkbox"/> Fee \$ _____ Date Paid: ___/___/___ <u>(state road)</u>
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D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval : ___/___/___
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E	Stormwater <u>N/A</u> <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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	<u>See reverse</u>
	Signature of Tenant and Signature of Owner <u>[Signature]</u>

Office Use Only																								
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Building Permit Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>6/26/25</u> Issued to: <u>M. Catella, J. Little, M. Czaplacke</u> Zoning Administrator: <u>[Signature]</u> Notes: _____ _____ _____																								
C.O. Required (Certificate of Occupancy) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																								

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

- Flooring
- sheetrock
- bathroom remodel
- kitchen updating/finishing
- porch remodel
- porch roof remodel/update