

Appeal Period Expires 7/9/25
 Zoning District R2

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

Application Date / /
 Permit Number 2024-93

- 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- 058-035-000
 Property Address: 15 Tericho Rd, Alderbrook Cottage LLC
 Owner: John and Frances Kinghorn
 Owner Address: 13 Tericho Rd.
 Owner Phone: (work) _____ (Cell) 802-238-6561
 (Email) sam.kinghorn51@gmail.com
 Tenants name: None Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 07/09/25 Completion: 7/15/25
 Sq. Feet: 900 Estimated Cost (labor & materials): \$8000.00

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

Residential: Demo. Foundation.

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"/>

Inclusions or Additions:

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"/>

Non-residential:

Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Stormwater:

Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

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 n/a

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

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

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.

Fill in foundation of house that burned.

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>6/24/25</u>
Recreation		\$ _____	<u> </u> / <u> </u> / <u> </u>
Recording		\$ <u>15</u>	<u>6/24/25</u>
Certificate of Occ		\$ _____	<u> </u> / <u> </u> / <u> </u>
Other		\$ _____	<u> </u> / <u> </u> / <u> </u>

Building Permit 6/24/25
 Approved Rejected Date 6/24/25

Issued to: J. + F. Kinghorn

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