

Appeal Period Expires <u>7/8/25</u> Zoning District <u>MXD-PUD (B1)</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u> / / </u> Permit Number <u>2025-90</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: _____

A Parcel Account Numb. (Map-Parcel-Lot) 2-092-001-000

Property Address: 21 Essex Way - Essex

Owner: Eurowest Prop. Inc

Owner Address: 221 Bay Ledge / Alchester 05446

Owner Phone: (work) _____ (Cell) 802238-3604

(Email) P.Edelman@EssexExperience.com

Tenants name: Aisha Bassett Phone: (802)353-0355

(or contractor) Cell: (845)423-8066

Estimated Construction Dates: Start: / / Completion: / /

Sq. Feet: 0 Estimated Cost (labor & materials): \$ 0

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 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 checked="" 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 \$ 0 Date Paid: / /

Proposed New Bedrooms: 0 Existing Bedrooms 0

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 ½ 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.

(Aisha Bassett)

Aisha Bassett

Signature of Tenant and _____

Signature of Owner _____

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>6/23/25</u>
Recreation		\$ _____	<u> / / </u>
Recording		\$ <u>15</u>	<u>6/23/25</u>
Certificate of Occ		\$ _____	<u> / / </u>
Other		\$ _____	<u> / / </u>

Building Permit

Approved Rejected Date 7/23/25

Issued to: Eurowest Retail Partners

Zoning Administrator: Shawn Kelly

Notes: NO fee updating for zoning existing for counter

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

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