

Appeal Period Expires 7/8/25
 Zoning District CTR

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

Application Date / /
 Permit Number 2025-89

- 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- 058-041-000
 Property Address: 3A Jericho Road Essex
 Owner: William S. Stratton
 Owner Address: 2A Jericho Road Essex
 Owner Phone: (work) _____ (Cell) 607 316 9077
 (Email) Strattonbill@gmail.com
 Tenants name: _____ Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 8/1/25 Completion: 10/1/25
 Sq. Feet: 215 Estimated Cost (labor & materials): \$15,000

G

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

N = New A = Addition R = Remodel

Residential:

Single Family	N	A	R
Two-family (duplex)(other)	<input type="checkbox"/>	<input checked="" 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: 1 Existing Bedrooms 4

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: / /

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.

Raising 2nd floor roof above kitchen - adding a bedroom

Signature of Tenant and
 Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</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 6/23/25

Issued to: William S. Stratton

Zoning Administrator: [Signature]

Notes: _____

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