

Appeal Period Expires <u>7/24/25</u> Zoning District <u>R2</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>   </u> / <u>   </u> / <u>   </u> Permit Number <u>2025-103</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:** *John Leo M. Carolyn Leo*

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 048 024 000

Property Address: 136 Colchester Rd.

Owner: John Leo Carolyn Leo

Owner Address: P.O. Box 8265 Essex

Owner Phone: (work) 802-878-4982 (Cell) 802-  
 (Email) John Leo and Sons @ AOL.com

Tenants name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (or contractor) \_\_\_\_\_ Cell: \_\_\_\_\_

Estimated Construction Dates: Start: June, 25 Completion: July, 25

Sq. Feet: 450 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 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 checked="" 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 \$ N/A Date Paid:    /   /   

Proposed New Bedrooms: N/A Existing Bedrooms N/A

**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.

Repairs to former farm stand.  
Now storage space.

Signature of Tenant and  
Signature of Owner *John Leo M. Carolyn Leo*

**Office Use Only**

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>330.-</u>	<u>7/9/25</u>
	Recreation	\$ <u>   </u>	<u>   </u> / <u>   </u> / <u>   </u>
	Recording	\$ <u>30.-</u>	<u>7/9/25</u> <span style="color: blue;">BAM</span>
	Certificate of Occ	\$ <u>200</u>	<u>7/9/25</u>
	Other	\$ <u>   </u>	<u>   </u> / <u>   </u> / <u>   </u>

**Building Permit**

Approved  Rejected  Date 7/9/25

Issued to: John + Carolyn Leo

Zoning Administrator: *Starr Kelley*

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**