

Appeal Period Expires 8/13/25  
 Zoning District R2

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

Application Date 7/25/25  
 Permit Number 2025-113

- 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) 2-062-003-305  
 Property Address: 20 Greenfield Rd. Unit C5  
 Owner: Maya Crowley, Timothy D. Crowley, Mary Sue Crowley  
 Owner Address: 20 Greenfield Rd. Unit C5  
 Owner Phone: (work) \_\_\_\_\_ (Cell) (802) 363-4855  
 (Email) maya.elizabeth.nguyen@gmail.com  
 Tenants name: unknown Phone: n/a  
 (or contractor) Done by previous owner Cell: n/a  
 Estimated Construction Dates: Start: \_\_\_/\_\_\_/2025 Completion: \_\_\_/\_\_\_/2025  
 Sq. Feet: \_\_\_\_\_ Estimated Cost (labor & materials): \$4000

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).  
 N = New A = Addition R = Remodel

<b>Residential:</b>	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 checked="" type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inclusions or Additions:</b>			
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"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
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: 0 Existing Bedrooms 2

**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: \_\_\_/\_\_\_/\_\_\_ 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. n/a

**F** Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

**G** Bathroom in basement.  
  
 Signature of Tenant and Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>165</u>	<u>7/25/25</u>
Recreation		\$ _____	<u>___/___/___</u>
Recording		\$ <u>15</u>	<u>7/25/25</u>
Certificate of Occ		\$ _____	<u>___/___/___</u>
Other		\$ _____	<u>___/___/___</u>

Approved  Rejected  Date 7/28/25  
 Issued to: M + T Crowley  
 Zoning Administrator: [Signature]  
 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**