

Appeal Period Expires 9/3/25  
 Zoning District I1

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

Application Date    /   /     
 Permit Number 2025-130

- 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:** Jeff McMahon

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 072-006-000  
 Property Address: 26 Thompson Drive  
 Owner: Autumn Harp  
 Owner Address: 26 Thompson Drive  
 Owner Phone: (work) 802-857-4600 (Cell) \_\_\_\_\_  
 (Email) rbordeau@autumnharp.com  
 Tenants name: \_\_\_\_\_ Phone: 857-4637  
 (or contractor) Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 9/1/25 Completion: 12/31/25  
 Sq. Feet: 192 Estimated Cost (labor & materials): \$18000.00

**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 checked="" 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 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 \_\_\_\_\_

**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 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.

**G** see attached  
 Signature of Tenant and Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>8/8/25</u>
Recreation		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>
Recording		\$ <u>30</u>	<u>8/8/25</u>
Certificate of Occ		\$ <u>100</u>	<u>8/8/25</u>
Other		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>

Approved  Rejected  Date 8/19/25  
 Issued to: Autumn Harp  
 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**

JOB Autumn Harp Shed

SHEET NO. \_\_\_\_\_ OF \_\_\_\_\_

CALCULATED BY D.S. DATE 7/21/25

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

SCALE 1" = 10' ± Approximate

TJ = Arborvitae (Thuja) 6'-6"  
 = Dryglily - similar as Front entrance → Q15(33)

