

Appeal Period Expires 9/3/25
 Zoning District B2+ B3C

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

Application Date 1/1/
 Permit Number 2025-124

- 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) 2-207-067-139
 Property Address: 32 Jericho Rd
 Owner: Peter Lyon - Essex West LLC
 Owner Address: 34 B Jericho Rd
 Owner Phone: (work) _____ (Cell) 802-999-8808
 (Email) peter.lyon@essexwest.com
 Tenants name: See Dringley Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 8/13/25 Completion: 8/13/26
 Sq. Feet: 560 Estimated Cost (labor & materials): \$50000

G

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

Residential:	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"/>
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"/>
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: 1/1/
 Proposed New Bedrooms: _____ Existing Bedrooms Existing

C Water (Please attach Water Service Application if applicable). Existing
 Public Well Fee \$ _____ Date Paid: 1/1/

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval: 1/1/ 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 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 Continuation of Project underway
Renewing 2024-25
 Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>300</u>	<u>8/14/25</u>
Recreation		\$ _____	<u>1/1/</u>
Recording		\$ <u>15</u>	<u>8/14/25</u>
Certificate of Occ		\$ <u>paid 3/2024</u>	<u>1/1/</u>
Other		\$ _____	<u>1/1/</u>

Building Permit
 Approved Rejected Date 8/19/25
 Issued to: Peter Lyon - Essex West LLC
 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**

Appeal Period Expires 4/4/24
 Zoning District R2+BBC

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

Application Date 1/1
 Permit Number 2024-25

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
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- Provide a diagram showing proposal and any easements, well or septic locations, etc.

SIGN HERE: *[Signature]*

Parcel Account Numb. (Map-Parcel-Lot) 2-207-067-139
 Property Address: 32 Jericho Rd 68
 Owner: Peter Lyon - Essex West LLC
 Owner Address: 34B Jericho Rd
 A Owner Phone: (work) _____ (Cell) 802-999-8808
 (Email) peter.lyon4413@yahoo.com
 Tenants name: Doc Quigley Phone: _____
 (or contractor) Cell: _____
 Estimated Construction Dates: Start: 4/15/24 Completion: 11/15/24
 Sq. Feet: 280 Estimated Cost (labor & materials): \$25000

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms existing

C Water (Please attach Water Service Application if applicable).
 Public Well Fee \$ _____ Date Paid: existing

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval: 1/1 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 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.

G Signature of Tenant and Signature of Owner
[Signature]

G				
Check box(es) which describe proposed use or construction (circle choice in parenthesis).				
N = New A = Addition R = Remodel				
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Single Family		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Deck		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Shed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Stormwater:				
Stormwater		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>

Office Use Only			
Fees:	Type	Amount	Date Pd
Permit		\$ 150.-	<u>3/20/24</u>
Recreation		\$	
Recording		\$ 30.-	
Certificate of Occ		\$ 100.-	
Other		\$	

Building Permit Approved Rejected Date 3/20/24

Issued to: Peter Lyon
 Zoning Administrator: Sharon Kelley

Notes: CBES info given

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**

F Diagram - Provide diagram here and include all setbacks
- Rebuild - same Footprint Back + part of former greenhouse structure.

- New Siding
- Enclose Existing entry way and expand two levels.
- Siding