

Appeal Period Expires 10/8/25
 Zoning District R2

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

Application Date / /
 Permit Number 2025-153

- 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: Jeanne Woo

A Parcel Account Numb. (Map-Parcel-Lot) 2- 0 5 5 - 0 0 8 - 0 7 1 1
 Property Address : 11 Damon Drive
 Owner: David and Jeanne Woo
 Owner Address: 11 Damon Drive
 Owner Phone: (work) _____ (Cell) 757-620-7118
 (Email) jawzany@gmail.com
 Tenants name: Northern Basement Phone: _____
 (or contractor) systems Cell: _____
 Estimated Construction Dates: Start: 10/15/25 Completion: 11/15/25
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ 12,384.74

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 checked="" 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 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 : / / 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.

Adding Egress Window

Signature of Tenant and
 Signature of Owner Jeanne Woo

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>9/23/25</u>
Recreation		\$ _____	<u> </u> / <u> </u> / <u> </u>
Recording		\$ <u>15</u>	<u>9/23/25</u>
Certificate of Occ		\$ _____	<u> </u> / <u> </u> / <u> </u>
Other		\$ _____	<u> </u> / <u> </u> / <u> </u>

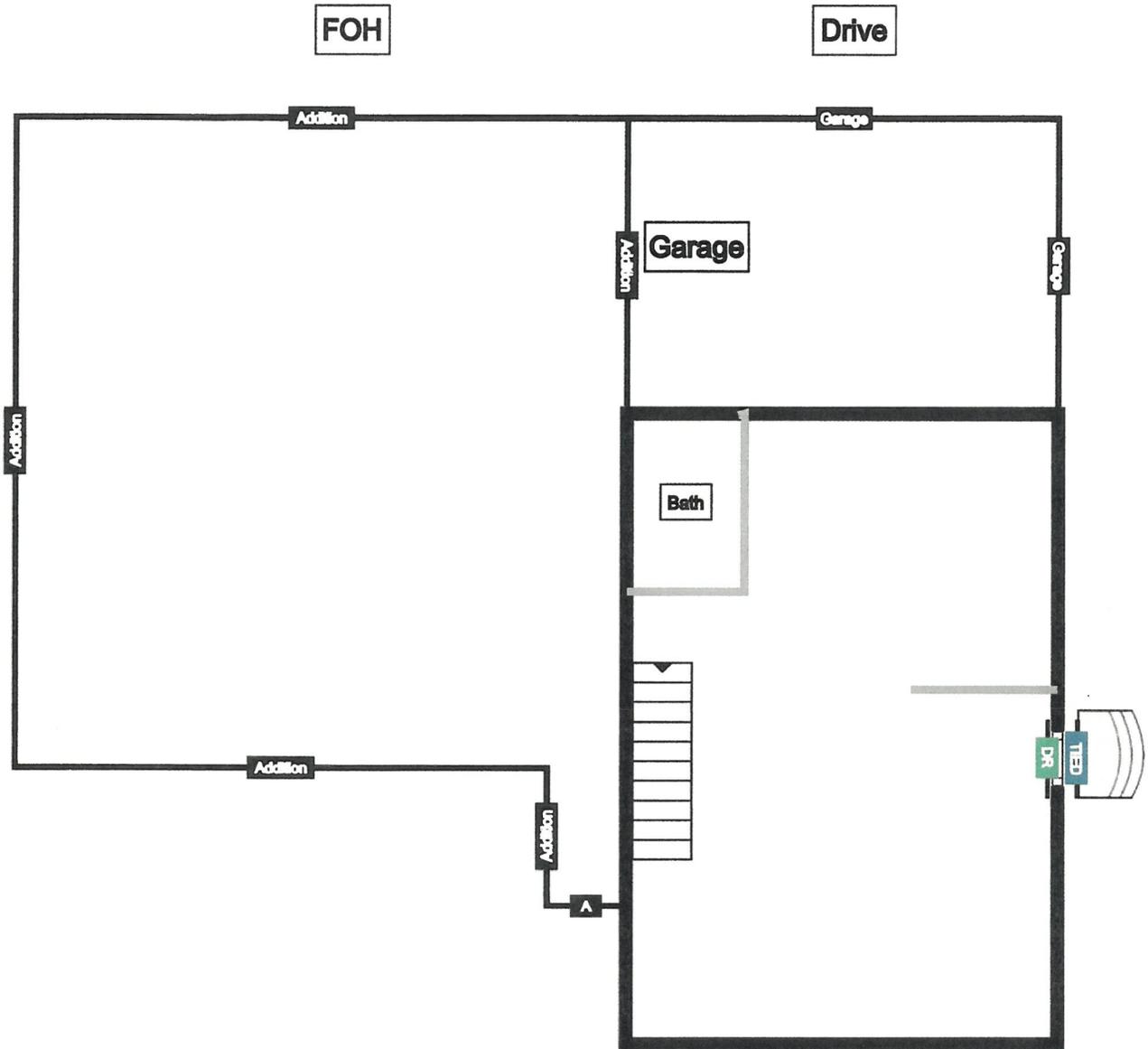
Approved Rejected Date 9/23/25
 Issued to: D + J WOO
 Zoning Administrator: Shawn Kelley
 Notes: _____

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**



Job Details



Type of Wall Poured Concrete
 Existing Wall Finish Sheetrock
 Existing Floor Finish Concrete