

Appeal Period Expires 10/1/25
 Zoning District B1

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

Application Date / /
 Permit Number 2025-146

- 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: X [Signature]

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"/>

A

Parcel Account Numb. (Map-Parcel-Lot) 2-010-066-003

Property Address : 109 TOWERS Rd, ESSEX Jct 05452

Owner: Andrew J + Barbara BK Shenton

Owner Address: 109 TOWERS Rd, ESSEX Jct, 05452

Owner Phone: (work) _____ (Cell) 802-734-2595

(Email) sanctumflames@gincil.com

Tenants name: Gopilla Sheds Phone: 888-827-9056
 (or contractor) Cell: _____

Estimated Construction Dates: Start: 10/01/25 Completion: 09/01/26

Sq. Feet: 576 Estimated Cost (labor & materials): \$40,000

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 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.

Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>108</u>	<u>9/15/25</u>
Recreation		\$ _____	<u> </u> / <u> </u> / <u> </u>
Recording		\$ <u>30</u>	<u>9/15/25</u>
Certificate of Occ		\$ <u>100</u>	<u>9/15/25</u>
Other		\$ _____	<u> </u> / <u> </u> / <u> </u>

Building Permit 9/16/25

Approved Rejected Date 9/16/25

Issued to: AJ + BBK Shenton

Zoning Administrator: [Signature]

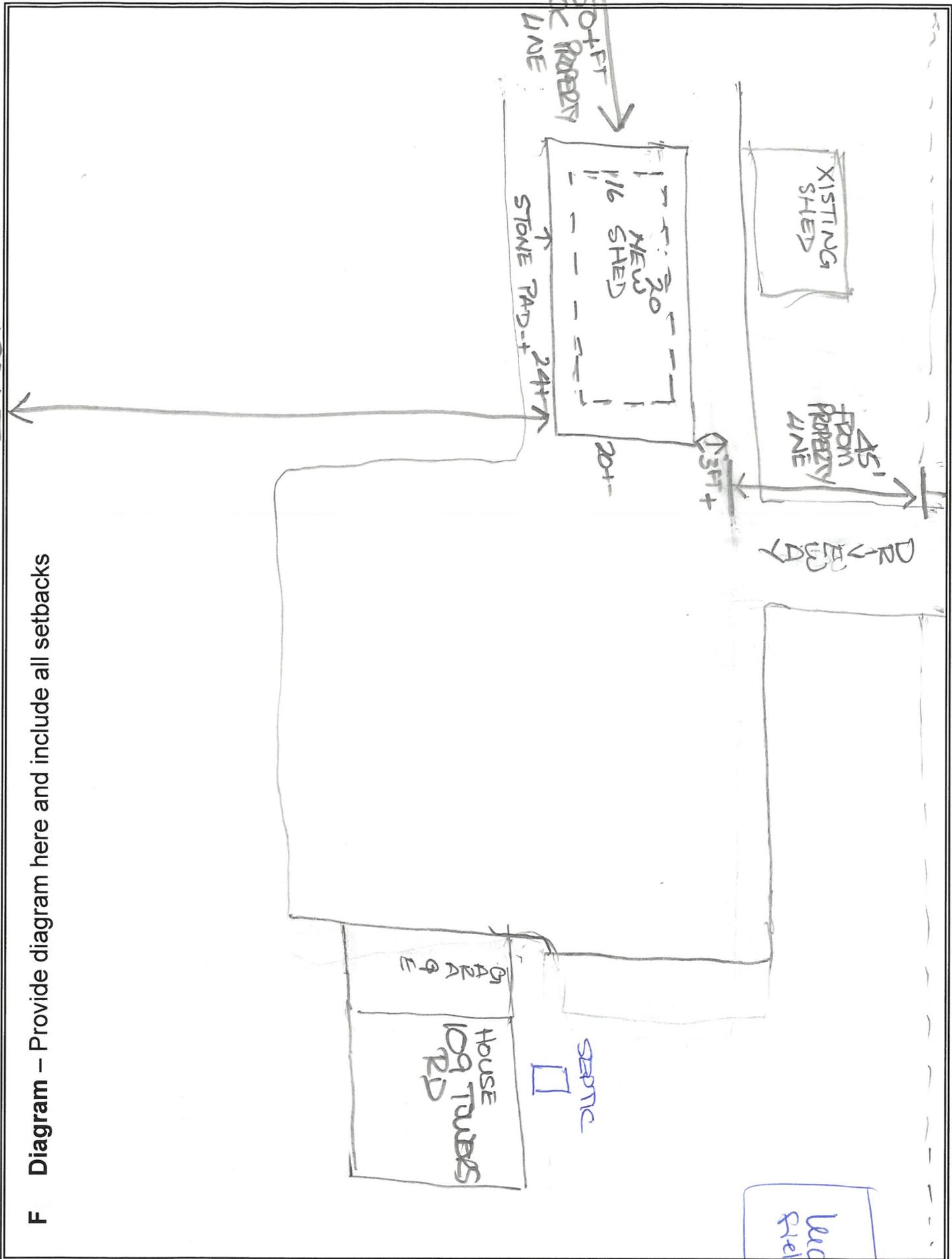
Notes: _____

C.O. Required Yes No
 (Certificate of Occupancy)

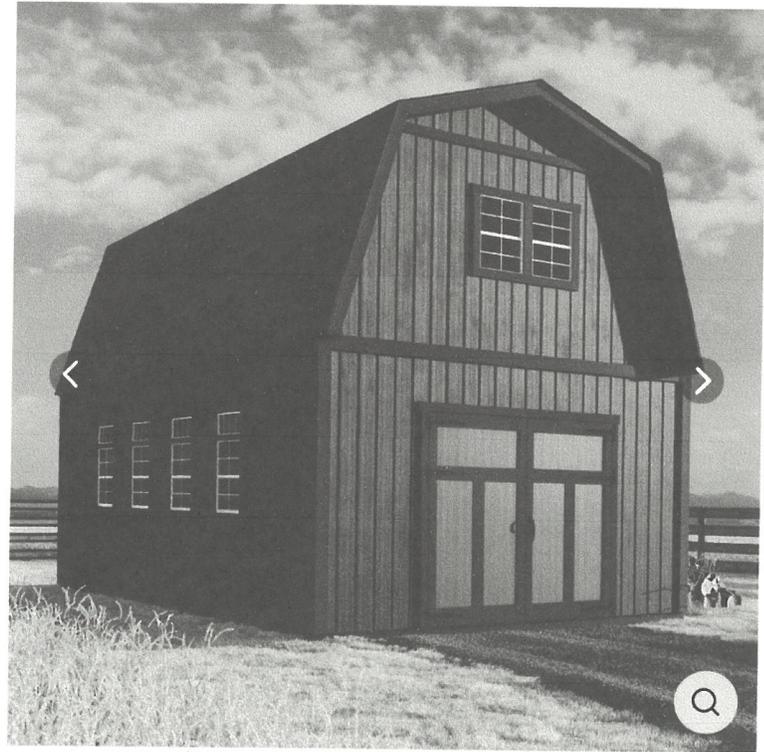
THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED

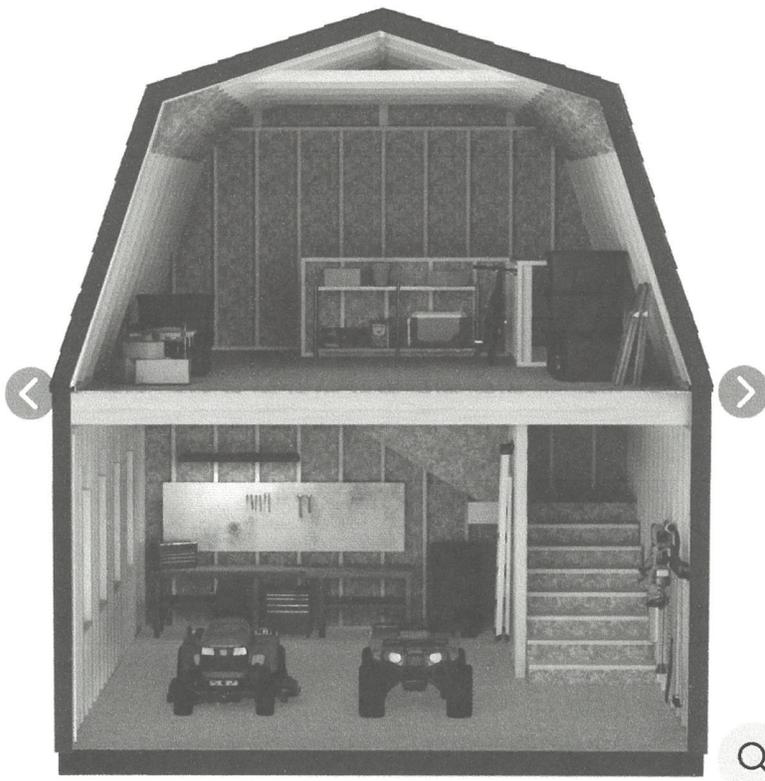
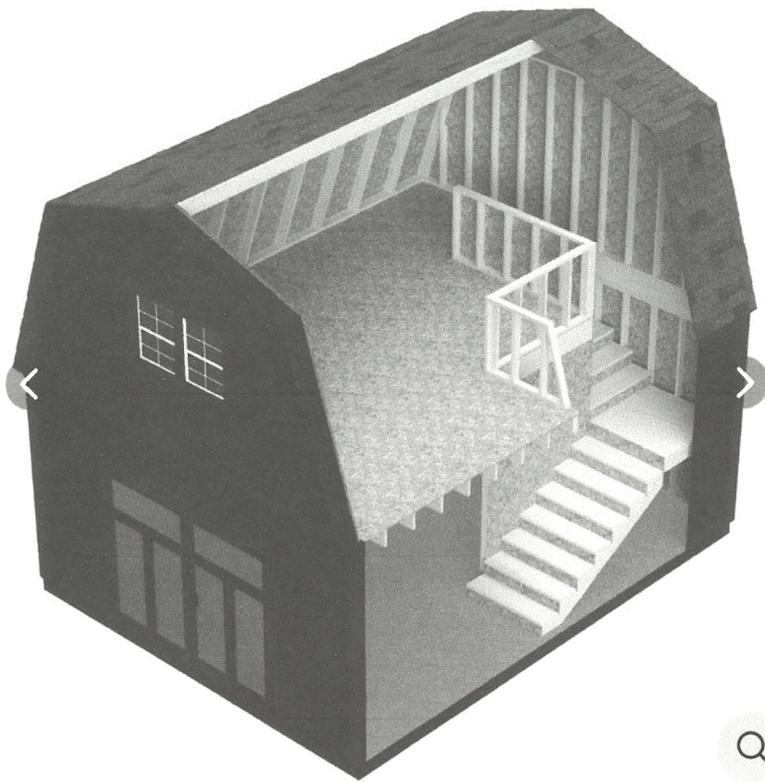
TOWERS ROAD

back field



F Diagram -- Provide diagram here and include all setbacks





A vertical column of horizontal lines, resembling a list or a set of checkboxes, positioned to the right of the two cutaway images.