

Appeal Period Expires 9/30/25  
 Zoning District R2

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

Application Date    /   /     
 Permit Number 2025-144

- 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:** Toby Bryce

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 084-002-032  
 Property Address : 7 Evergreen DR  
 Owner: Toby J. Bryce + Roxanna L. Bryce  
 Owner Address: 7 Evergreen DR  
 Owner Phone: (work) 802 999 0780 (Cell) Same  
 (Email) Brycetnt@yahoo.com  
 Tenants name: Self Phone: \_\_\_\_\_  
 (or contractor) Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 10/1/25 Completion: 11/1/25  
 Sq. Feet: 900 Estimated Cost (labor & materials): \$ 10,000

**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 checked="" 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 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: 1 Existing Bedrooms 4 Fire Impact \$563

**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 ½ 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.

See reverse diagram.  
Partially finishing basement.  
Adding bedroom and bathroom.

Signature of Tenant and  
 Signature of Owner Toby Bryce

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>9/12/25</u>
Recreation		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>
Recording		\$ <u>15</u>	<u>9/12/25</u>
Certificate of Occ		\$ _____	<u>   </u> / <u>   </u> / <u>   </u>
Other	<u>Fire</u>	\$ <u>563</u>	<u>9/12/25</u>

**Building Permit**  
 Approved  Rejected  Date 9/15/25

Issued to: T.J. + R.L. Bryce  
 Zoning Administrator: Sharon 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**

F Diagram – Provide diagram here and include all setbacks

