

Appeal Period Expires 10/1/25
 Zoning District AR

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

Application Date 9/16/25
 Permit Number 2025-145

- 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: Deborah Lemery

A Parcel Account Numb. (Map-Parcel-Lot) 2-015-011-002
 Property Address : 434 Browns River Rd., Essex, VT 05452
 Owner: Alan J. & Deborah L. Lemery
 Owner Address: 434 Browns River Rd., Essex, VT 05452
 Owner Phone: (work) _____ (Cell) 802-598-4481
 (Email) debbiebear52@yahoo.com
 Tenants name: Marvin Chamberlin Phone: 802-899-1899
 (or contractor) _____ Cell: _____
 Estimated Construction Dates: Start: 10/07/25 Completion: 12/10/25
 Sq. Feet: 936 Estimated Cost (labor & materials): \$80,000.

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: 0 Existing Bedrooms 2

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 : ___/___/___ could not find

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 - See attached Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

Contractor: Remodeling name
Marshall O
 Signature of Tenant and Signature of Owner Deborah Lemery

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 checked="" type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>

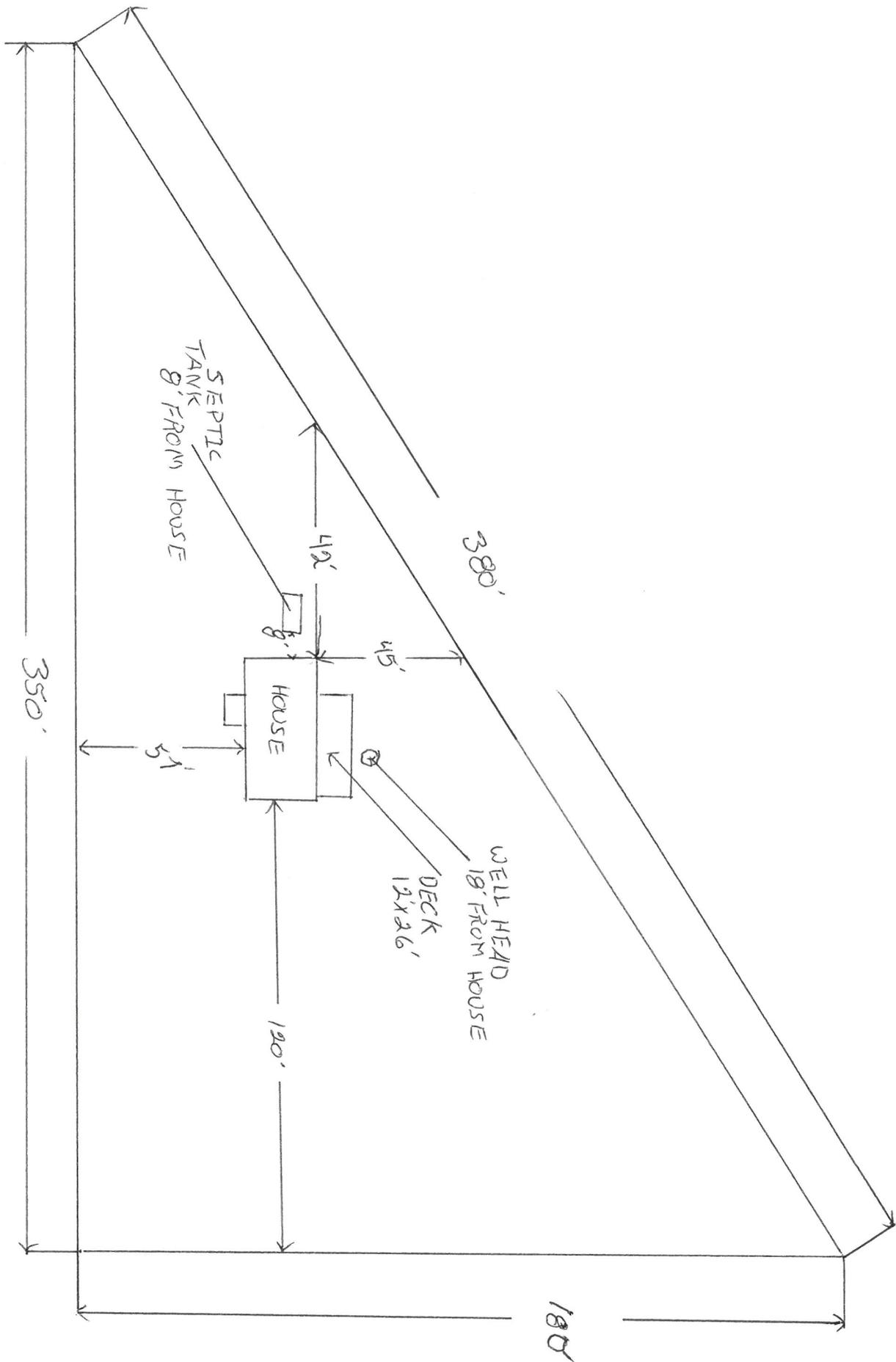
Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>216</u>	<u>9/16/25</u>
Recreation		\$ _____	___/___/___
Recording		\$ <u>30</u>	<u>9/16/25</u>
Certificate of Occ		\$ <u>100</u>	<u>9/16/25</u>
Other		\$ _____	___/___/___

Building Permit 9/16/25
 Approved Rejected Date
 Issued to: A.J. + D.L. Lemery
 Zoning Administrator: Janet Kelley
 Notes: RBES 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**



APPLICATION FOR SEWAGE SYSTEM PERMIT

37-77

The undersigned hereby applies for permission to make certain improvements as described below. All construction to be completed in accordance with the Health Regulations of the Town of Essex and the State of Vermont.

Street ⁴³⁴ ~~376~~ River Rd No. 434 Lot Size: Ft. Frontage 350 Ft. Depth 19

Lot No. _____ Owner ^{Essex} Robert Lemire Area of Leach Field 600^{sq} Sq. Ft. _____

Septic Tank Size 1000 No. of Bedrooms 3 Construction to be started 6/72

Single Duplex _____ Multiple Dwelling _____ Commercial _____ Industrial _____

Other _____ See Attached Plan

Plot to scale: Lot, Building(s), Septic Tank, and Leach Field. Also show any existing water lines, wells or streams. Attach Plot Plan to this form.

PERCOLATION RATE 50 min 1" DEPTH OF LEDGE ~~12~~ 7'

SOIL TYPE silt DEPTH OF GROUND WATER TABLE none

I certify the above information to be true and correct and complies with all Town and State regulations governing subsurface disposal systems.

Robert Lemire
Signature of Owner

376 River Rd Essex Vt
Address of Owner

Robert Lemire
Signature of Contractor

same
Address of Contractor

Fee Paid \$ 1.00 pd Application: Rejected _____ Approved

Date Approved 6-1-19 77 Issued to: Robert Lemire

HEALTH ORDER

Notice of penalty: Owner and/or Contractor is hereby ordered that all construction is to be completed and inspected in accordance with the Health Regulations of the Town of Essex, as duly adopted by the Essex Board of Health on November 27, 1972, as provided in Title 18, Chapter 11 of the Vermont Statutes Annotated, and any person who neglects or refuses to so comply shall be subject to a fine of not more than 500.00 as provided by said Chapter.

Jerry L. Fisher
Health Officer or Assistant

Inspected and approved by the undersigned representative of the Essex Board of Health on _____ 19 _____.

Health Officer or Assistant