

Appeal Period Expires <u>1/5/25</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>10/21/2025</u> Permit Number <u>2025-170</u>
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- 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:

A Parcel Account Numb. (Map-Parcel-Lot) 2: 079 001-134

Property Address: 47 Valleyview Drive

Owner: Philip and Erin Anderson

Owner Address: 47 Valleyview Drive

Owner Phone: (work) _____ (Cell) (516)238-3679

(Email) philip.a.anderson@gmail.com

Tenants name: Tom Noonan Phone: 802-355-4773
 (or contractor) Cell: _____

Estimated Construction Dates: Start: 1/15/2025 Completion: 1/15/26

Sq. Feet: 300 Estimated Cost (labor & materials): \$ 30,000

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 <u>finish space above garage</u>	<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"/>
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: ___/___/___

Proposed New Bedrooms: 0 Existing Bedrooms 4

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 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.

See attached diagram

Signature of Tenant and
Signature of Owner

Office Use Only

Fees:	Type	Amount	Date Pd	
Permit		\$ <u>81</u>	<u>10/21/25</u>	
Recreation		\$ _____	___/___/___	
Recording		\$ <u>15</u>	<u>10/21/25</u>	bmm
Certificate of Occ		\$ _____	___/___/___	
Other		\$ _____	___/___/___	

Building Permit 10/21/25

Approved Rejected Date: ___/___/___

Issued to: P & E Anderson

Zoning Administrator: Sharon Kelley

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

F Diagram - Provide diagram here and include all setbacks

