

Appeal Period Expires <u>11/5/25</u> Zoning District <u>D2</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>1/1/</u> Permit Number <u>2025-171</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: *colin rose*

A Parcel Account Numb. (Map-Parcel-Lot) 2- 04 7-0 9 6-000

Property Address: 9 Jackson Hqts

Owner: Colin Lee Rose

Owner Address: 9 Jackson Hqts

Owner Phone: (work) _____ (Cell) 802-233-5666

(Email) Colin.Rose77@gmail.com

Tenants name: _____ Phone: _____
 (or contractor) Cell: _____

Estimated Construction Dates: Start: 11/01/25 Completion: 11/01/25

Sq. Feet: 96 Estimated Cost (labor & materials): \$ 2000.00

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"/>

B Sewage Disposal (Please attach Sewer and/or State Septic Approval).

Public Septic Connection Fee \$ _____ Date Paid: 1/1/

Proposed New Bedrooms: Existing Bedrooms 3

C Water (Please attach Water Service Application if applicable).

Public Well Fee \$ _____ Date Paid: 1/1/

D Driveway (Please attach copy of approved Curbcut / Utility Application).

Date of approval: 1/1/

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.

See diagram on reverse.

Signature of Tenant and
 Signature of Owner *colin rose*

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>10/21/25</u>
Recreation		\$ _____	<u>1/1/</u>
Recording		\$ <u>15</u>	<u>10/21/25</u>
Certificate of Occ		\$ _____	<u>1/1/</u>
Other		\$ _____	<u>1/1/</u>

Approved Rejected Date 10/21/25

Issued to: Colin Lee Rose

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

