

Appeal Period Expires 10/29/25
 Zoning District 122

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

Application Date 1/1
 Permit Number 2025-140

- 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: 

Parcel Account Numb. (Map-Parcel-Lot) 2-003-001-029

Property Address: 10 Perkins Dr. Essex Junction, VT 05452

Owner: Kim Debaere

Owner Address: 9835 34th N. Plymouth MN 55441

A Owner Phone: (work) _____ (Cell) _____
 (Email) kdebaere@comcast.net

Tenants name: Shift Construction Phone: _____
 (or contractor) Joey Appleton Cell: 518-524-0597

Estimated Construction Dates: Start: 11/10/25 Completion: 11/17/25

Sq. Feet: _____ Estimated Cost (labor & materials): \$ 12,000

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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	<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 checked="" 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"/>

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

B Public Septic Connection Fee \$ _____ Date Paid: 1/1/
 Proposed New Bedrooms: 0 Existing Bedrooms 2

N/A Water (Please attach Water Service Application if applicable).

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

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

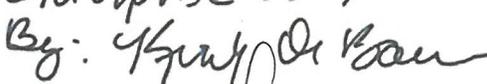
D Date of approval: 1/1/

N/A Stormwater

E 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 attached

Enterprise 802, LLC
 By: 

Signature of Tenant and
 Signature of Owner Kim Debaere

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		<u>\$ 75</u>	<u>10/9/25</u>
Recreation		\$ _____	1/1/
Recording		<u>\$ 15</u>	<u>10/9/25</u>
Certificate of Occ		\$ _____	1/1/
Other		\$ _____	1/1/

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Building Permit

Approved Rejected Date 10/14/25

Issued to: Enterprise 802, LLC

Zoning Administrator: Sharon Kelly

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

The construction scope of work consists of removing an existing basement window, modifying the rough opening and installing a new egress window.



PERKINS DRIVE

CONVERT EXISTING
BASEMENT WINDOW INTO
EGRESSIBLE WINDOW W/
WINDOW WELL. MAINTAIN
CLEARANCE TO GAS METER
PER VT GAS REQ'S.