

Appeal Period Expires 10 / 19 / 25
Zoning District R2

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

Application Date 10 / 9 / 25
Permit Number 2025-161

- Prior to construction, you are responsible for identifying and obtaining all necessary State permits and approvals, including State environmental permits from the VT Agency of Natural Resources. For State environmental permits, visit the Permit Navigator (dec.vermont.gov/permitnavigator). For further assistance, contact the Department of Environmental Conservation's Environmental Assistance Office at ANR.DECAssistance@vermont.gov or 802-828-0141.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance and during construction.
- 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 Number (Map-Parcel-Lot): 2 - 031-044-000
Property Address: 6 RUSTIC DRIVE
Owner: JOHN & STEPHANIE A. FLANNIGAN
Owner Address: SAME
Owner Phone 1: 999-7685 Phone 2: 233-5966
Email: JEFLAN@COMCAST.NET
Tenants/Contractor Name: N/A
Phone: _____ Email: _____
Estimated Construction Dates: Start: 10 / 15 / 25 Completion: 10 / 15 / 25
Square Feet: 64 Estimated Cost (labor & materials): \$ 3000.00

B

SEWAGE DISPOSAL (Please attach State Septic Approval or Sewer Service Application)
Public Septic Connection Fee: \$ _____ Date Paid: ___ / ___ / ___
Proposed New Bedrooms: 0 Existing Bedrooms: 4

C

WATER (Please attach Water Service Application)
Public Well Connection Fee: \$ _____ Date Paid: ___ / ___ / ___

D

FIRE IMPACT FEE
Proposed New Bedrooms: _____ Fee: \$ _____ Date Paid: ___ / ___ / ___
Non-residential: Square Feet: _____ Number of Employees: _____

E

DRIVEWAY (Please attach copy of approved Curb Cut / Utility Application)
Date of approval: ___ / ___ / ___

F

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 surfaces \geq 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed application permit.

G

Diagram – show a sketch of project on reverse of this application or separate sheet with property lines, buildings and setbacks.

Diagram on reverse

Signature of Tenant and
Signature of Owner _____

H

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 ground) (above ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agricultural)	<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:	Amount	Date Paid
Permit	\$ <u>75</u>	<u>10 / 19 / 25</u>
Recreation	\$ _____	___ / ___ / ___
Recording	\$ <u>15</u>	<u>10 / 9 / 25</u>
Certificate of Occ.	\$ _____	___ / ___ / ___
Other	\$ _____	___ / ___ / ___

BUILDING PERMIT
Approved Rejected Date 10 / 14 / 25
Issued to: JE & SA Flannigan
Zoning Administrator: Sharon Kelley
Notes: _____
Certificate of Occupancy Required Yes No

**THIS PERMIT IS VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE.
RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED.**

G Diagram - Provide diagram here and include all setbacks.

