

Appeal Period Expires 4/9/10  
Zoning District AR/C1

**Town of Essex, Vermont**  
**Application for Zoning Permit**  
www.essex.org

Application Date 1/1/23  
Permit Number 2010-23

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property and it must remain posted throughout the construction period.

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.

Approval is subject to accuracy of information provided by the applicant.

| A                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Parcel Account Numb.</b> (Map-Parcel-Lot) <u>2-017-016-005</u><br>(found in Town Assessor's Office)<br><b>Property Address:</b> <u>247 Brigham Hill Rd</u><br><b>Owner:</b> <u>ADAM &amp; FRED COSTANTINI</u><br><b>Owner Address:</b> _____<br><b>Owner Phone:</b> (work) _____ (home) <u>879-9902</u><br>(cell) <u>802-279-5028</u> (Email) _____<br><b>Contractors name:</b> _____ <b>Phone:</b> _____<br>Cell: _____<br><b>Estimated Construction Dates:</b> Start: <u>04/06/10</u> Completion: <u>04/30/10</u><br><b>Sq. Feet:</b> _____ <b>Estimated Cost (labor &amp; materials):</b> \$ <u>8000</u>                                                                                                                                                                                                                                                                                                    | <b>G</b><br>Check box(es) which describe proposed use or construction (circle choice in parenthesis).<br>N = New A = Addition R = Remodel<br><b>Residential:</b><br>Single Family <input type="checkbox"/> N <input type="checkbox"/> A <input checked="" type="checkbox"/> R<br>Two-family (duplex)(other) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Multi-family <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Condominium / Townhouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Mobile home <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Inclusions or Additions:</b><br>Garage (attached) (detached) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Porch (enclosed) (open) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Deck <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Pool (in) (above) ground <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Shed <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Barn (residential) (agriculture) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Non-residential:</b><br>Commercial / Industrial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Stormwater:</b><br>Stormwater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Erosion Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br><b>Other:</b><br>Change in use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Miscellaneous <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Renewal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                 |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>B</b><br><b>Sewage Disposal</b> (Please attach Sewer or Septic Application). <u>Septic</u><br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>1/1/04</u><br>Proposed New Bedrooms: <u>2</u> Existing Bedrooms <u>2</u> <u>269-5-2004</u><br><u>Septic permit</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| <b>C</b><br><b>Water</b> (Please attach Water Service Application).<br>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fee \$ _____ Date Paid: <u>1/1/04</u>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| <b>D</b><br><b>Driveway</b> (Please attach copy of approved Curbscut / Utility Application).<br>Date of approval <u>1/1/04</u> <u>Existing</u>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| <b>E</b><br><b>Stormwater</b><br><input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.<br><input type="checkbox"/> 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| <b>F</b><br><b>Diagram</b> – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet (Instructive sheet available upon request.)<br><u>After the fact permit</u><br><u>Bathroom and 2 Bedrooms added. No</u><br><u>Additions to existing house.</u><br><u>Original permit # 2004-289 never received</u><br><u>a Certificate of occupancy. OULF</u>      | <b>Office Use Only</b><br><table border="1"><thead><tr><th>Fees:</th><th>Type</th><th>Amount</th><th>Date Pd</th></tr></thead><tbody><tr><td>Permit</td><td></td><td>\$ <u>50.00</u></td><td><u>03/18/10</u></td></tr><tr><td>School</td><td></td><td>\$ _____</td><td><u>1/1/04</u></td></tr><tr><td>Recreation</td><td></td><td>\$ _____</td><td><u>1/1/04</u></td></tr><tr><td>Recording</td><td></td><td>\$ <u>20.00</u></td><td><u>03/18/10</u></td></tr><tr><td>Other</td><td></td><td>\$ <u>75.00</u></td><td><u>03/18/10</u></td></tr></tbody></table><br><u>Building Permit</u><br>Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>3/23/10</u><br>Issued to: <u>COSTANTINI, ADAM &amp; FRED</u><br>Zoning Administrator: <u>Shawn J. Kelly</u><br>Notes: <u>see note</u><br><br>C.O. Required Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Fees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type            | Amount | Date Pd | Permit |  | \$ <u>50.00</u> | <u>03/18/10</u> | School |  | \$ _____ | <u>1/1/04</u> | Recreation |  | \$ _____ | <u>1/1/04</u> | Recording |  | \$ <u>20.00</u> | <u>03/18/10</u> | Other |  | \$ <u>75.00</u> | <u>03/18/10</u> |
| Fees:                                                                                                                                                                                                                                                                                                                                                                                                                        | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date Pd         |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| Permit                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ <u>50.00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>03/18/10</u> |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| School                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>1/1/04</u>   |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| Recreation                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>1/1/04</u>   |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| Recording                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ <u>20.00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>03/18/10</u> |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ <u>75.00</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>03/18/10</u> |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |
| <b>G</b><br>Signature of Owner <u>Adam Costantini</u>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |        |         |        |  |                 |                 |        |  |          |               |            |  |          |               |           |  |                 |                 |       |  |                 |                 |

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

(web) 01/25/06

F Diagram – Provide diagram here and include all setbacks

