



Town of Essex
APPLICATION FOR ZONING PERMIT
(REV. 9/1/2021)

Please fill out to the best of your knowledge. Staff will complete anything left blank:

Application # _____ Date _____

Location of Premises _____

Assessor's Map #. _____ Lot No. _____ Zoning District _____ Lot size _____

Gateway Conservation District _____ Coastal Area Management area _____

Flood Plain area _____ Water Resource District _____ NDDB area _____

Property Owner(s) _____

Mailing Address _____ Telephone _____

Email Address: _____

Applicant _____

Mailing Address _____ Telephone _____

Email Address: _____

****Complete description of proposed use or project (include dimensions, if applicable):** _____

Existing Building Coverage _____ % Proposed Building Coverage _____ %

Existing Property Use _____

Are wetlands and/or watercourses present anywhere on the property? _____

ZBA Approval Date _____ Wetlands Permit Approval Date _____

Special Exception Approval Date _____ CAM Approval Date _____

By signing this application, the applicant(s) and/or owner(s) agree that the Zoning Official and the Planning and Zoning Commission, or their agent(s), are authorized to enter upon the property for which this permit applies for the purpose of inspection and enforcement and administration of the Zoning Regulations for the Town of Essex. This permit is issued based upon the plot plan and all supporting documents submitted. Falsification by misrepresentation or omission or failure to comply with the conditions of this permit shall constitute a violation of the Essex Zoning Regulations and shall render this permit void.

This permit is void if: Work activity being performed is not in accordance with this permit.

Signature of Applicant _____ Date _____

Signature of Owner _____ Date _____

A site plan is attached clearly showing:

- a) The location and exact dimensions of all boundaries of the lot;
- b) The location of wetlands and/or watercourses (including but not limited to, streams, ponds or lakes) on, or near the property;
- c) The location and exact dimensions of all existing and proposed structures and other improvements including the location and layout of the septic system and the source of water supply;
- d) The exact distance of proposed structures and improvements from lot lines;
- e) Name and location of each street abutting the lot, and/or the location and width of any other way affording access to the lot from a street;
- f) A floor plan if application is for a commercial change of use

The following must also be furnished as part of the application:

- g) A list of the names and mailing addresses, with Tax Map and Tax Lot Numbers, of owners of all land adjacent to the land to which this application relates; and
- h) **Fees: Permit \$21.00 and DEEP \$60.00.** Make one check made payable to the Town of Essex.
- i) **Required Bonds if applicable:**
 - Single Family Dwelling - **\$2,000.00**
 - Additions 800+ sq ft - **\$1,000.00**
 - Commercial operation as per zoning regulations section 121D

I / We certify that all the information on this application, including that on the site plan and any attachments, is correct as of the date below and complete. I/We certify that I/we am/are the owner(s) of the premises described above, or the authorized agent of the owner(s) of said premises.

Dated:

Applicant(s) or Agent Signature(s)

FOR OFFICIAL USE ONLY:

Health Department Approval Date _____

Date received by ZEA _____ Fees: Town - \$21 _____ DEEP - \$60 _____

Signature of Zoning Enforcement Agent _____ Approval Date _____

Denied (date) _____ Sec. _____

Permit Conditions/Reasons:

