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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________