

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately upon issuance.
- Permit is appealable within 15 days of issuance.
- Call 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.

Signed: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2-092-002-001
 Property Address: 21 Essex Way Suite 115
 Owner: Peter Edelmann - EOF Outlets LLC
 Owner Address: 21 Essex Way Suite 107
 Owner Phone: (work) 802.338.3404 (home) _____
 (cell) 802.338.4200 (Email) p.edelmann@eof
 Tenants name: Brian Loeffler Phone: develop.com
brian@ontrackhealth.net Cell: 802.338.5469
 Estimated Construction Dates: Start: 7/1/21 Completion: 7/15/21
 Sq. Feet: 4,000 Estimated Cost (labor & materials): \$ Approx 15,000

G

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) (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"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>

OnTrack physical therapy + fitness includes sign

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Septic Connection Fee \$ _____ Date Paid: ___/___/___
 Proposed New Bedrooms: n/a Existing Bedrooms n/a

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

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval ___/___/___ - Parking Lot

E 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 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.

G Signature of Tenant and Signature of Owner
Brian Loeffler x [Signature]
Peter Edelmann x [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>95-</u>	<u>1/1/21</u>
Recreation		\$ _____	
Recording		\$ <u>30</u>	<u>8/20/21</u>
Certificate of Occ		\$ <u>75</u>	<u>1/1/21</u>
Other		\$ _____	<u>1/1/21</u>

Building Permit
 Approved Rejected Date 8/27/21

Issued to: EOF Outlets LLC

Zoning Administrator: Thomas Kelly

Notes: re-located within complex.

C.O. Required Yes No

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

Deana Stoneback

From: Brian Loeffler <brian@ontrackhealth.net>
Sent: Thursday, August 26, 2021 1:11 PM
To: Deana Stoneback
Subject: On Track Business

CAUTION: EXTERNAL MAIL. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS YOU DO NOT TRUST

On Track is open Monday to Friday from 8:00 to 6:30 and Saturdays from 9:00 to 11:00. We do physical therapy and fitness training. We have one physical therapist and 3 personal trainers or coaches.

Services are offered by appointment only and consist of one on one physical therapy, one on one fitness training or small group fitness training with a ratio of 6 clients to 1 trainer.

If you have any questions please let me know. If you could also confirm that you have received this email and that you have everything you need from me I would appreciate it.

Brian

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Brian Loeffler, PT
On Track, LLP
1 Main St Ste 102A
Burlington, VT 05401
802-865-2226

This message contains confidential information and is intended only for the individual(s) addressed in the message. If you aren't the named addressee, you should not disseminate, distribute, or copy this e-mail. If you aren't the intended recipient, you are notified that disclosing, distributing, or copying this e-mail is strictly prohibited.

SIGN APPLICATION-TOWN OF ESSEX

Date _____ APPLICATION FEE \$100.00 included PERMIT # see use permit.
(includes recording fee) Appeal Period Expires _____

Zoning District MXD-PUD (B1)
BPC
Address of Sign Location: 21 Essex way ste 115 MAP _____ PARCEL _____ LOT _____

Business Name for Sign: ON TRACK

Type of Sign: Free Standing _____ (size) Façade 28 sq/ft (size)

Height (from ground level to top of free-standing sign): _____

Applicant's Mailing Address: 21 Essex way ste 115

Phone Number – Home: _____ Work: 865-2226 Cell: 578-5469 Fax: 419-9355

Applicant(s) Signature: Brian Brian

Landowner(s) Signature: [Signature]

INSTRUCTIONS FOR FILING APPLICATION:

All sign approval applications will be pursuant to the Town of Essex Sign Regulations contained within Section 25.10 of the Town of Essex Sign Regulations. A copy has been attached to this application form for your review and information. Approval or denial will be based upon a complete submittal of all the required information. In the case of denial of the application an explanation will be in writing.

INSTRUCTIONS FOR FREE STANDING SIGNS:

- Scaled lot plan indicating sign location;
- Diagram if sign with information according to the attached sample diagram.

INSTRUCTIONS FOR FAÇADE SIGNS:

- Plan of building façade and sign pursuant to the attached sample plan.

Note: The Zoning Administrator may require additional information to make a proper evaluation on a case by case basis.

On this 12th day of August, 2021, your application was: approved _____ denied.

All signage to adhere to Section 3.10 of the Zoning Regulations.

See attachment for conditions of approval or reasons for denial.

TOWN OF ESSEX
By: [Signature]
Zoning Administrator

ANY INTERESTED PERSON MAY APPEAL THE DECISION OF THE ZONING ADMINISTRATOR TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF PERMIT ISSUANCE. COMMENCING CONSTRUCTION WITHIN THIS 15 DAY APPEAL PERIOD IS PROHIBITED BY LAW.



Total area of business facade = 851.66 Sq. Ft.

Total area of allowed sign = 42.5 Sq. Ft.

New ontrack Panel sign = 7'w x 4'h (28 sq.ft.)



Total Square footage of both signs = 42 sq.ft.

Existing Motion Studio sign will be moved to the lower location (as in rendering).
Total area = 7'w x 2'h (14 sq. ft.)