

Appeal Period Expires 8/4/21
 Zoning District MXD-PUD(B1) + B-DC

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

Application Date 1/1
 Permit Number 2021-132

- 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 109

Owner: Peter Edelmann - EOF Outlets LLC

Owner Address: 21 ESSEX Way

Owner Phone: (work) 802.878.1200 (home) _____
 (cell) _____ (Email) pedelmann@eofdevelop.com

Tenants name: _____ Phone: _____ Cell: _____

Estimated Construction Dates: Start: 2009 (is) Completion: 1/1

Sq. Feet: Existing Estimated Cost (labor & materials): \$ 0

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 type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>change in use</u>	<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"/>

SHARL SPACE
1. Elements of Healing
2. Massage Essentials

B

Sewage Disposal (Please attach Sewer or Septic Application).

Public Septic Connection Fee \$ _____ Date Paid: 1/1

Proposed New Bedrooms: _____ Existing Bedrooms _____

C

Water (Please attach Water Service Application).

Public Well Fee \$ _____ Date Paid: 1/1

D

Driveway (Please attach copy of approved Curbcut / Utility Application).

Date of approval 1/1 *N/A*

E

Stormwater *N/A*

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

** note this permit captures business that has been in place for several years*
** in addition - now space shared for massage.*

Signature of Tenant and Signature of Owner [Signatures]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>85.-</u>	<u>7/1/21</u>
Recreation		\$ _____	_____
Recording		\$ <u>105</u>	_____
Certificate of Occ		\$ _____	_____
Other		\$ _____	_____

Building Permit

Approved Rejected Date 7/20/21

Issued to: EOF Outlets LLC

Zoning Administrator: [Signature]

Notes: Space was inspected previously.

C.O. Required Yes No

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

Sharon

Per our conversation re signage at 21 Essex Way. Suite 109

Scott Moylan's business:

Elements of Healing/ acupuncture

1 employee/self

2 treatment rooms

8-10 patients a day

M-Fri

Leslie Chadwell/Essential Elements is sharing space and has 1 massage treatment room in use.

Leslie Chadwell's business:

Essential Elements/ massage therapist

21 Essex Way

Suite 109

1 employee/ self

Shared space in Elements of Healing/1 room

1-3 patients a day. (hoping for more!!)

M-Sat

Thank you very much for your time with this.

Leslie Chadwell

802-558-3747

Sableview@gmail.com