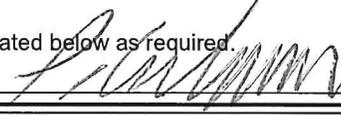


Appeal Period Expires 10, 12, 21
 Zoning District B-DC + MKD-Pub (B)

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

Application Date 1/1
 Permit Number 2021-184

- 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: 

A Parcel Account Num. (Map-Parcel-Lot) 2-092-002-001
 Property Address: 21 Essex Way Suite 101
 Owner: Peter Edelmann dba EOF Outlets LLC
 Owner Address: 21 Essex Way Suite 107
 Owner Phone: (work) 802.878.4200 (home) _____
 (cell) 802.938.3604 (Email) pedelmann@ebdevelop.com
 Tenants name: Bramble Phone: _____
 Cell: _____
 Estimated Construction Dates: Start: 9/30/21 Completion: 11/30/21
 Sq. Feet: 4065 Estimated Cost (labor & materials): \$185,000

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 <i>Restaurant</i>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

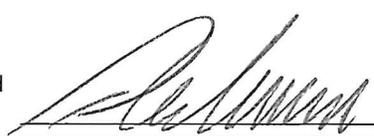
B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Septic Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: n/a Existing Bedrooms n/a *existing*

C Water (Please attach Water Service Application).
 Public Well Fee \$ _____ Date Paid: 1/1 *existing*

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1 *existing 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 

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>555</u>	<u>9.29.21</u>
Recreation		\$ _____	____
Recording		\$ <u>15.</u>	____
Certificate of Occ		\$ _____	____
Other		\$ _____	____

Building Permit
 Approved Rejected Date 9.29.21
 Issued to: EOF Outlets LLC
 Zoning Administrator: Shawn L. Kelley
 Notes: _____
 C.O. Required Yes No

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