

Appeal Period Expires 12/2/20
 Zoning District B-1

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 11/16/20
 Permit Number 2020-200

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. **You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).**

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: Misher

A Parcel Account Numb. (Map-Parcel-Lot) 2-047-022-000
 (found in Town Assessor's Office)
 Property Address: 24 Pinecrest Drive
 Owner: GR Combs LLC (Tanya Combs)
 Owner Address: 26 Pinecrest Drive
 Owner Phone: (work) _____ (home) 802-878-7887
 (cell) _____ (Email) Tanya@wisebojswi.com
 Contractors name: M+R Asher Phone: _____
mtrs87@hotmail.com Cell: 598-2697
 Estimated Construction Dates: Start: 12/2/20 Completion: 12/31/20
 Sq. Feet: 864 sq ft existing Estimated Cost (labor & materials): \$0

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

C Water (Please attach Water Service Application). Existing
 Public Private Fee \$ _____ Date Paid: 1/1

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

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. existing

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet. existing

G see other side
 Signature of Tenant and Signature of Owner Tanya Combs

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

Residential:	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"/>
Inclusions or Additions:			
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"/>
Non-residential:			
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:			
Change in use <u>medical store</u>	<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"/>

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>87.00</u>	<u>1/1</u>
Recreation		\$ _____	
Recording		\$ <u>30 -</u>	<u>11/2/20</u> <u>ms</u>
Certificate of Occ		\$ <u>75 -</u>	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Approved Building Permit Rejected Date 11/17/20
 Issued to: GR Combs LLC
 Zoning Administrator: Shera L. Kelley
 Notes: no fit-up required
 C.O. Required Yes No

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

F Diagram – Provide diagram here and include all setbacks

Green Mountain Medical Store is new business start up with its main focus on the DME : Durable Medical Equipment consisting of respiratory supplies, boots, orthotics, walk and bath safety, braces and compression. My business mission is to provide quality products with exceptional customer service and keep the healthcare cost down for my customers. 24 Pinecrest drive would be an ideal location for my business with approximately 1000 square feet structure and a total of 5 parking spots. I will be the main person working at the location and in the future I intend to hire an additional person to help /cover vacation. A medical store is considered to be destination shopping. The customer base is driven to the store mainly by a doctors prescription and/or advice. We do not expect a large number of customers in a store at the same time. Right now I expect the deliveries will be made around 4-6 times a month by a UPS sized truck. Also I intend to use the current signage framework located in the front of the property. Business hours are going to be between 9am-5pm Monday - Saturday