

Appeal Period Expires 10/24/20
 Zoning District RPD-I

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

Application Date 9/28/2020
 Permit Number 2020-180

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: ALAN FRENCH / Mr. French

A Parcel Account Numb. (Map-Parcel-Lot) 2- 072004-002
 (found in Town Assessor's Office)
 Property Address: 5 OLIVER WIGHT DRIVE STE B
 Owner: EQUITAS Life Sciences LLC
 Owner Address: 5 OLIVER WIGHT DRIVE
 Owner Phone: (work) 607-279-6865 (home) 607-279-6865
 (cell) 607-279-6868 (Email) adf@equitaslsc.com
 Contractors name: MARK WILLIS Phone: 802 316 7665
MR WILLIS CONSTRUCTION LLC Cell: 802 316 7665
 Estimated Construction Dates: Start: 10/5/20 Completion: 1/31/20
 Sq. Feet: 207 Estimated Cost (labor & materials): \$12,000

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 checked="" 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"/>
<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 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 Private Connection Fee \$ _____ Date Paid: 1/1/
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 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.
N/A

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

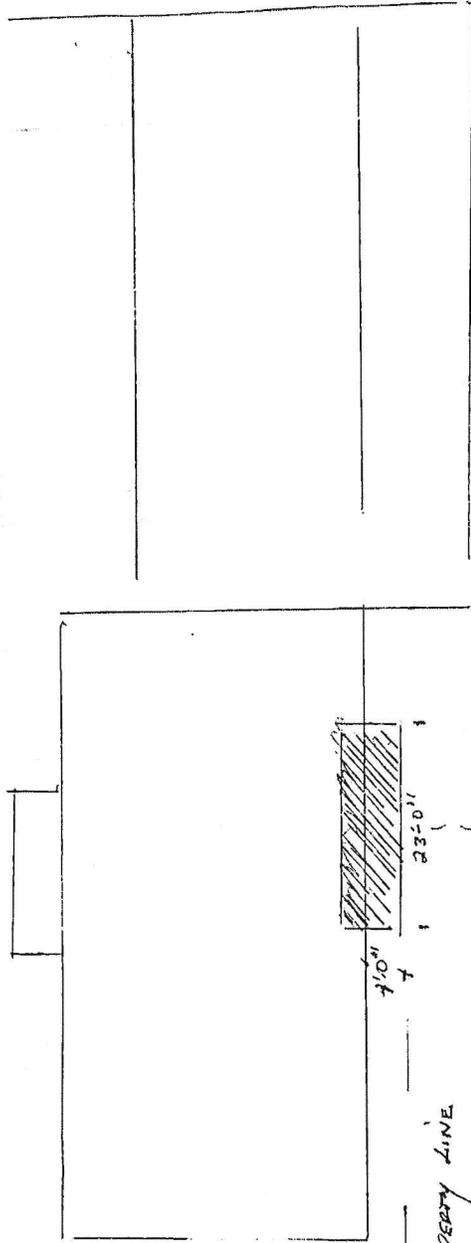
G see attached
 Signature of Tenant and Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>100-</u>	<u>10/9/20</u>
Recreation		\$ _____	
Recording		\$ <u>30-</u>	
Certificate of Occ		\$ <u>75-</u>	
Other		\$ _____	

Building Permit
 Approved Rejected Date 10/9/20
 Issued to: EQUITAS Life Sciences LLC
 Zoning Administrator: [Signature]
 Notes: needs state permit + inspection
 C.O. Required Yes No

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



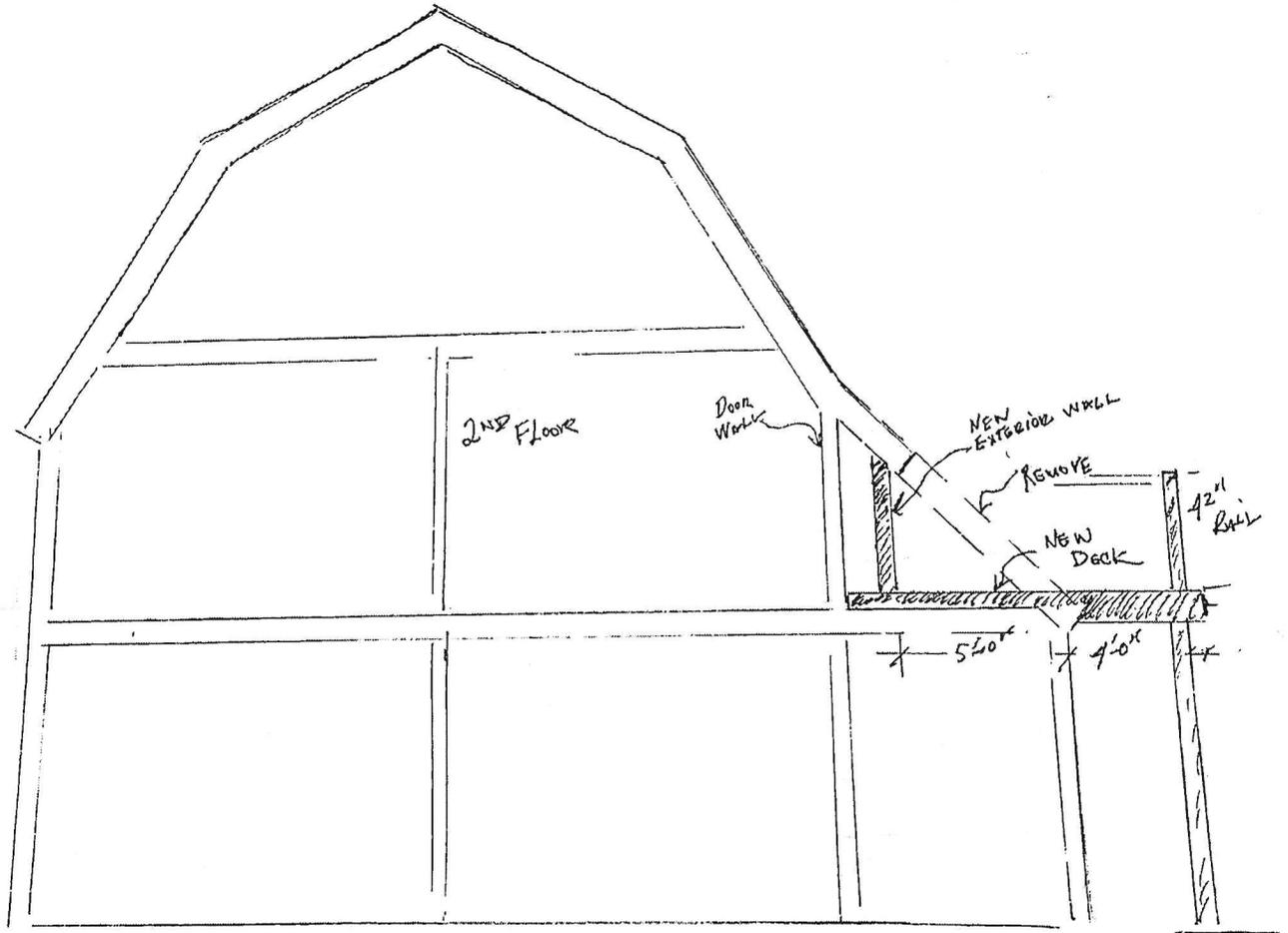
PROPOSED DECK

5 OLIVER WIGHT DR.
UNIT B
ESSEX, VT 05452

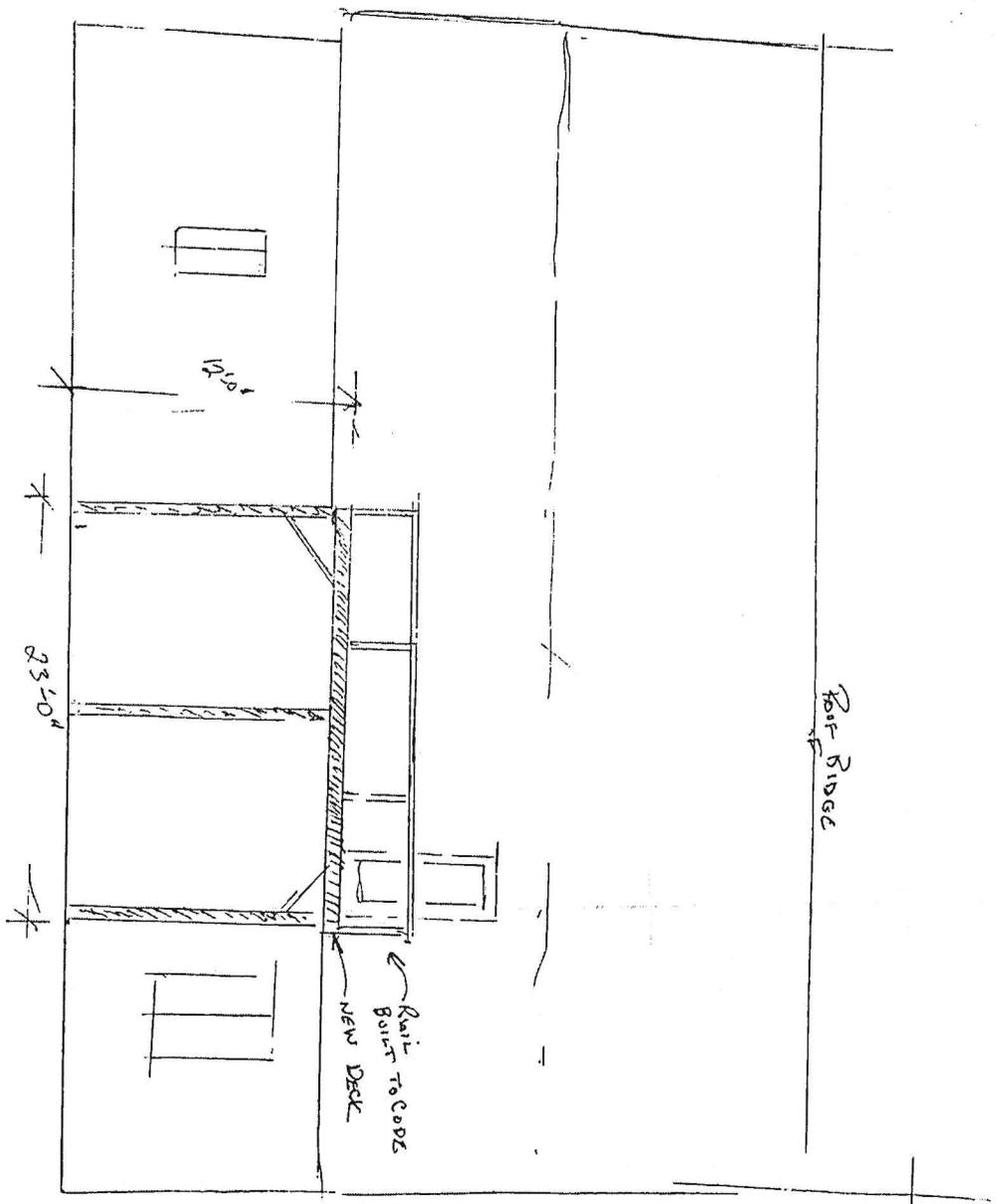
50' TO PROPERTY LINE

Side

75' TO PROPERTY LINE



PROPOSED DECK
S OLIVER WIGHT DR
ESSEX, VT 05452



NORTH ELEVATION
9'-0" x 23'-0"
PROPOSED DECK