

Appeal Period Expires 5/8/19
 Zoning District B1

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

Application Date 1/1/19
 Permit Number 2019-72

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: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2- 047-007-001
 (found in Town Assessor's Office)
 Property Address: 4 Kellogg Rd Essex VT 05452
 Owner: Heco Rentals LLC
 Owner Address: 4 Carmichael St Suite 111 Box 232
Essex
 Owner Phone: (work) 802-343-0576 (home) _____
 (cell) _____ (Email) _____
 Contractor's name: Kim Krause Phone: _____
Kim@hearinglightac.com Cell: (603) 498-6507
 Estimated Construction Dates: Start: 1/1 Completion: 1/1
 Sq. Feet: 800 +/- Estimated Cost (labor & materials): \$ _____

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"/>
<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"/>

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 Over Kim Krause
 Signature of Tenant and
 Signature of Owner [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>25.</u>	<u>4/23/19</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>10.-</u>	<u>1/1</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 4/23/19
 Issued to: Heco Rentals LLC
 Kim Krause
 Zoning Administrator: [Signature]

Notes: no ft-up
 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

Healinglight Acupuncture, Inc. an acupuncture & chinese herbal medicine practice operating M, T, Th & Fri from 9am to 5pm. Patients are seen one on one for 1½ hrs on first visit and 1 hr each additional visit. Maximum patients per day would be 7, but in the beginning will be much less. So, maximum per week will be 28 patients. There is one employee - myself.

800+ sq feet

Rental begins May 1, 2019.

No construction needed.

Renting space "as is".

(Former use was 2 massage therapists.)