

1100 ✓
Town of Essex
24/83250

81 MAIN ST.
ESSEX JCT, VT 05452

2019-PERMIT

Appeal Period Expires <u>11/29/19</u>	Town of Essex, Vermont	Application Date <u>11/14/19</u>
Zoning District <u>MXD-PUD</u>	Application for Zoning Permit	Permit Number <u>2019-207</u>
www.essex.org		

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: _____

A

Parcel Account Numb. (Map-Parcel-Lot) 2-092-001-000
(found in Town Assessor's Office)

Property Address: 21 Essex Way Ste 107

Owner: Peter Edelmann & Nina Ernest

Owner Address: Retail Partners LLC

Owner Phone: (work) 802-803-3979 (home) _____ (Email) _____

Contractor name: Sarah DeJohn Phone: 5183882686
name MVP Healthcare Cell: _____

Estimated Construction Dates: Start 11/16/19 Completion: 11/25/19

Sq. Feet: N/A 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

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>temp mobile truck wash</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"/>

B

Sewage Disposal (Please attach Sewer or Septic Application).
Public Private Connection Fee \$ N/A Date Paid: 1/1

Proposed New Bedrooms: _____ Existing Bedrooms: _____

C

Water (Please attach Water Service Application).
Public Private Fee \$ N/A 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

Signature of Tenant and Signature of Owner 144110
11/05/19

Office Use Only

Fees	Type	Amount	Date Pd
Permit		\$ <u>85</u>	<u>11/14/19</u>
Recreation		\$ _____	<u>11/14/19</u>
Recording		\$ <u>15</u>	<u>11/14/19</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit

Approved Rejected Date 11/14/19

Issued to: Edelmann & Retail Partners

Zoning Administrator: Sharon Kelley

Notes: _____

C.O. Required Yes No

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

19
ONS
SLT PR
MVP PLC