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| Appeal Period Expires <u>4/10/19</u><br>Zoning District <u>BDC + MKD-PAD (B1)</u> | <b>Town of Essex, Vermont</b><br><b>Application for Zoning Permit</b><br>www.essex.org | Application Date <u>3/13/19</u><br>Permit Number <u>2019-054</u> |
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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]

|   |   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
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| <b>A</b>  | Parcel Account Num. (Map-Parcel-Lot) <u>2-0 9 1 - 0 0 8 - 0 0 2</u><br><small>(found in Town Assessor's Office)</small><br>Property Address : <u>7 Essex Way, Essex, VT 05452</u><br>Owner: <u>SCP 2010-C36-054, LLC c/o The VVV Partnership</u><br>Owner Address: <u>375 Twelfth Ave S Naples, FL 34102</u><br>Owner Phone: (work) <u>239-430-3005</u> (home) _____<br>(cell) _____ (Email) _____<br>Contractors name: <u>TBD</u> Phone: _____<br>Cell: _____<br>Estimated Construction Dates: Start: <u>06/01/19</u> Completion: <u>06/30/19</u><br>Sq. Feet: <u>+/- 500 interior</u> Estimated Cost (labor & materials): <u>\$ 45,000.00</u> | <b>G</b>  |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>B</b>  | <b>Sewage Disposal</b> (Please attach Sewer or Septic Application).<br>Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>_/_/</u><br>Proposed New Bedrooms: <u>N/A</u> Existing Bedrooms <u>N/A</u>   | <table border="0" style="width:100%;"> <tr> <td colspan="4" style="text-align: center;">Check box(es) which describe proposed use or construction (circle choice in parenthesis).</td> </tr> <tr> <td colspan="4" style="text-align: center;">N = New A = Addition R = Remodel</td> </tr> <tr> <td colspan="4"><i>Residential:</i></td> </tr> <tr> <td>Single Family</td> <td style="text-align: center;">N</td> <td style="text-align: center;">A</td> <td style="text-align: center;">R</td> </tr> <tr> <td>Two-family (duplex)(other)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> 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<td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Deck</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pool (in) (above) ground</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Shed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Barn (residential) (agriculture)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="4"><i>Non-residential:</i></td> </tr> <tr> <td>Commercial / Industrial</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="4"><i>Stormwater:</i></td> </tr> <tr> <td>Stormwater</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Erosion Control</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="4"><i>Other:</i></td> </tr> <tr> <td>Change in use</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Miscellaneous</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Renewal</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Check box(es) which describe proposed use or construction (circle choice in parenthesis). |  |  |  | N = New A = Addition R = Remodel |      |        |         | <i>Residential:</i> |  |               |                | Single Family | N | A        | R     | 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 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 type="checkbox"/> | Miscellaneous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Renewal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| N = New A = Addition R = Remodel  |   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <i>Residential:</i>   |   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Single Family   | N   | A   | R   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| 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 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 type="checkbox"/>  |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Miscellaneous   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Renewal   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>C</b>  | <b>Water</b> (Please attach Water Service Application).<br>Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Fee \$ _____ Date Paid: <u>_/_/</u>  |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>D</b>  | <b>Driveway</b> (Please attach copy of approved Curbcut / Utility Application).<br>Date of approval <u>_/_/</u> <u>Advised not required</u>   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>E</b>  | <b>Stormwater</b><br><input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.<br><input type="checkbox"/> Project creates new or expands existing impervious surface greater than or equal to ½ acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.  |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>F</b>  | <b>Diagram</b> – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.  |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>G</b>  | <u>see narrative and plans at</u><br><br>Signature of Tenant and Signature of Owner <u>[Signature]</u>  | <table border="0" style="width:100%;"> <tr> <td colspan="4" style="text-align: center;"><b>Office Use Only</b></td> </tr> <tr> <td>Fees:</td> <td>Type</td> <td>Amount</td> <td>Date Pd</td> </tr> <tr> <td>Permit</td> <td></td> <td>\$ <u>135</u></td> <td><u>3/26/19</u></td> </tr> <tr> <td>Recreation</td> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Recording</td> <td></td> <td>\$ <u>20</u></td> <td>_____</td> </tr> <tr> <td>Certificate of Occ</td> <td></td> <td>\$ <u>75</u></td> <td>_____</td> </tr> <tr> <td>Other</td> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>Building Permit</b></td> </tr> <tr> <td>Approved</td> <td><input checked="" type="checkbox"/></td> <td>Rejected <input type="checkbox"/></td> <td>Date <u>3/26/19</u></td> </tr> <tr> <td>Issued to:</td> <td colspan="3"><u>C.V.S.</u></td> </tr> <tr> <td>Zoning Administrator:</td> <td colspan="3"><u>Sharon Kelly</u></td> </tr> <tr> <td>Notes:</td> <td colspan="3"><u>Energy code given</u></td> </tr> <tr> <td>C.O. Required</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td></td> </tr> </table>  | <b>Office Use Only</b>  |  |  |  | Fees:                            | Type | Amount | Date Pd | Permit              |  | \$ <u>135</u> | <u>3/26/19</u> | Recreation    |   | \$ _____ | _____ | Recording                  |                          | \$ <u>20</u>             | _____                    | Certificate of Occ |                          | \$ <u>75</u>             | _____                    | Other                   |                          | \$ _____                 | _____                    | <b>Building Permit</b> |                          |                          |                          | Approved                        | <input checked="" type="checkbox"/> | Rejected <input type="checkbox"/> | Date <u>3/26/19</u> | Issued to:                   | <u>C.V.S.</u>            |                          |                          | Zoning Administrator:   | <u>Sharon Kelly</u>      |                          |                          | Notes: | <u>Energy code given</u> |                          |                          | C.O. Required            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>Office Use Only</b>  |   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Fees:   | Type  | Amount  | Date Pd   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Permit  |   | \$ <u>135</u>   | <u>3/26/19</u>  |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Recreation  |   | \$ _____  | _____   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Recording   |   | \$ <u>20</u>  | _____   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Certificate of Occ  |   | \$ <u>75</u>  | _____   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Other   |   | \$ _____  | _____   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>Building Permit</b>  |   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Approved  | <input checked="" type="checkbox"/>   | Rejected <input type="checkbox"/>   | Date <u>3/26/19</u>   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Issued to:  | <u>C.V.S.</u>   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Zoning Administrator:   | <u>Sharon Kelly</u>   |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Notes:  | <u>Energy code given</u>  |   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| C.O. Required   | Yes <input checked="" type="checkbox"/>   | No <input type="checkbox"/>   |   |  |  |  |                                  |      |        |         |                     |  |               |                |               |   |          |       |                            |                          |                          |                          |                    |                          |                          |                          |                         |                          |                          |                          |                        |                          |                          |                          |                                 |                                     |                                   |                     |                              |                          |                          |                          |                         |                          |                          |                          |        |                          |                          |                          |                          |   |                             |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                                     |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |

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