

SIGN APPLICATION-TOWN OF ESSEX

Date 8/13/2018 APPLICATION FEE \$95.00 pd JB PERMIT # 2018-177N
(includes recording fee) Appeal Period Expires Sept 5, 18
Zoning District MXD

Address of Sign Location: 25 PINECREST DRIVE MAP 069 PARCEL 010 LOT 000

Business Name for Sign: VVM Health Network

Type of Sign: Free Standing 18.28 ft (size) Façade _____ (size)

Height (from ground level to top of free-standing sign): 8 FT

Applicant's Mailing Address: DESIGN SIGNS INC, PO BOX 8570, ESSEX, VT 05452

Phone Number - Home: _____ Work: 872-9906 Cell: 578-3710 Fax: 872-9910

Applicant(s) Signature: _____

✕ Landowner(s) Signature: _____

INSTRUCTIONS FOR FILING APPLICATION:

All sign approval applications will be pursuant to the Town of Essex Sign Regulations contained within Section 25.10 of the Town of Essex Sign Regulations. A copy has been attached to this application form for your review and information. Approval or denial will be based upon a complete submittal of all the required information. In the case of denial of the application an explanation will be in writing.

INSTRUCTIONS FOR FREE STANDING SIGNS:

- a) Scaled lot plan indicating sign location;
- b) Diagram if sign with information according to the attached sample diagram.

INSTRUCTIONS FOR FAÇADE SIGNS:

- a) Plan of building façade and sign pursuant to the attached sample plan.

Note: The Zoning Administrator may require additional information to make a proper evaluation on a case by case basis.

On this 21st day of August, 2018, your application was: _____ approved _____ denied.

Signage shall adhere to Section 3.10 of Zoning Regulations.

See attachment for conditions of approval or reasons for denial.

TOWN OF ESSEX
By: [Signature]
Zoning Administrator

ANY INTERESTED PERSON MAY APPEAL THE DECISION OF THE ZONING ADMINISTRATOR TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF PERMIT ISSUANCE. COMMENCING CONSTRUCTION WITHIN THIS 15 DAY APPEAL PERIOD IS PROHIBITED BY LAW.

"FIELD VERIFY - DO NOT MANUFACTURE FROM THIS DRAWING UNLESS THIS LABEL HAS BEEN REMOVED"

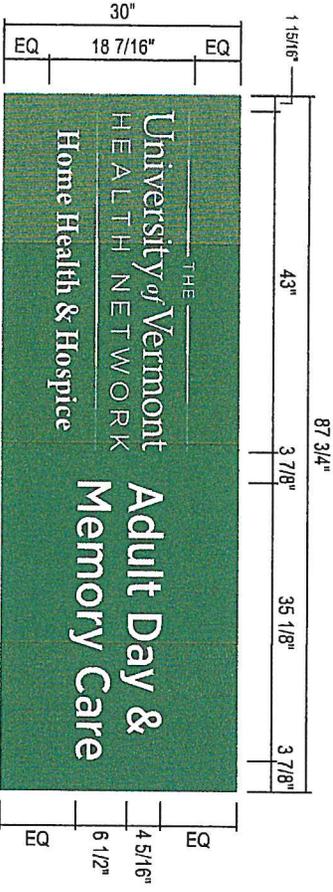
REPLACEMENT PANELS ONLY



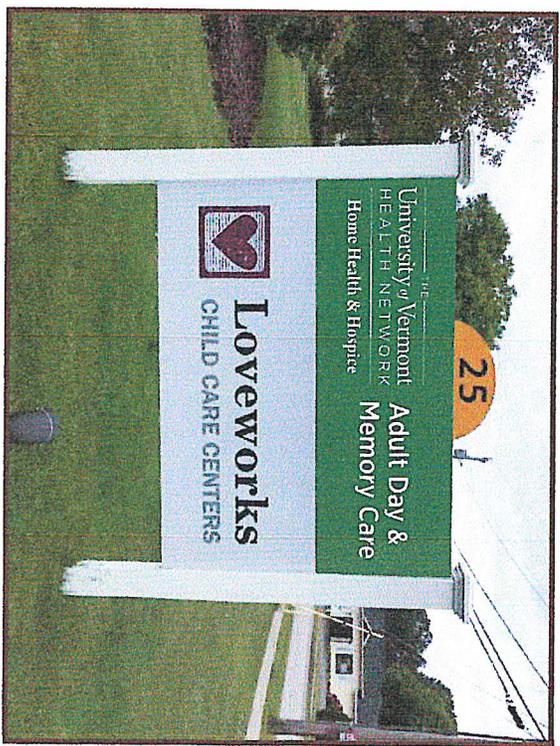
EXISTING - SIDE B



EXISTING - SIDE A



CUSTOM D/F | ACM REPLACEMENT PANEL
 QTY: 1
 NOTE: FIELD VERIFY PRIOR TO FABRICATION
 SCALE: 1/2"=1'-0"



PROPOSED

Drawing prepared by:

SIGN 1

Drawing prepared for:

Location: 25 Pinecrest Dr. Ste. 5
 Essex Junction, VT. 05452-2954
 File Path: A:\Active\ACCOUNTS\IVWNA\Project_4930\Locations\4930_004_Essex Junction_VT_R2.cdf

Proj #: 4930
 Loc #: 4

UNIVERSITY OF VERMONT HEALTH NETWORK

Rev #	Req#	Date	Req. By	Drawn By	Revision Description	Rev #	Req#	Date	Req. By	Drawn By
Original	301203	07/27/18	FS	NLP						
Rev 1	301762	07/27/18	FS	T	Revised per request.	Rev 7	000000	100/00/00	XXX	XXX
Rev 2	302202	08/10/18	FS	XXX	Revised per request.	Rev 8	000000	100/00/00	XXX	XXX
Rev 3	000000	100/00/00	XXX	XXX		Rev 9	000000	100/00/00	XXX	XXX
Rev 4	000000	100/00/00	XXX	XXX		Rev 10	000000	100/00/00	XXX	XXX
Rev 5	000000	100/00/00	XXX	XXX						
Rev 6	000000	100/00/00	XXX	XXX						

