

Appeal Period Expires 12/21/18
 Zoning District B-DC + MND-Pub (b1)

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

Application Date 1/1
 Permit Number 2018-244

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. **You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).**

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: [Signature]

A Parcel Account Numb. (Map-Parcel-Lot) 2-091-006-000
 (found in Town Assessor's Office)
 Property Address: 8 Essex Way Suite 201
 Owner: Roberta Summerville LLC
 Owner Address: 8 Essex Way Suite 103D
 Owner Phone: (work) _____ (home) _____
 (cell) 802 934 0994 (Email) robsummer1951@
 Contractors name: Evergreen Family Health Phone: action
 Cell: _____
 Estimated Construction Dates: Start: 11/20/18 Completion: 1/15/19
 Sq. Feet: VARIOUS / 2500 sq ft Renovation Estimated Cost (labor & materials): \$16,000

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

C Water (Please attach Water Service Application). N/A
 Public Private Fee \$ _____ Date Paid: 1/1

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1 Existing

E Stormwater
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

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

G Evergreen Family Health is now occupying Suite 201 and will be occupying suite 200A. See diagram.
 Signature of Tenant and Signature of Owner [Signature]

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

Residential:	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusions or Additions:			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-residential:			
Commercial <u>expanding into</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Industrial <u>next unit, employees</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater <u>NO additional employees</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
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"/>

Office Use Only

Fees	Type	Amount	Date Pd.
Permit		\$1000	11/6/18
Recreation		\$	1/1
Recording		\$200	11/6/18
Certificate of Occ		\$75	11/6/18
Other		\$	1/1
Total:		1425	

Building Permit
 Approved Rejected Date 12/6/18
 Issued to: Summerville LLC
 Zoning Administrator: [Signature]
 Notes: Energy info given
 C.O. Required Yes No

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

Called LHM 12/18/18
 Jim

From: Theresa Lewber <TLewber@evergreenhealth.org>
Sent: Tuesday, November 20, 2018 11:22 AM
To: Sharon Kelley <skelley@ESSEX.ORG>
Subject: Re: Zoning permit 8 Essex Way

Hi Sharon,

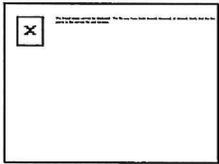
I believe John Summerville is the owner of the building as he is our landlord that requested we get the paperwork to your office.

We will not be adding or changing the existing kitchen or adding any additional baths. We are looking to move 1 existing sink to another spot. We are still receiving quotes for the construction and at this point the 1 quote we received was \$45K. We are meeting with someone else in a couple weeks to get another quote.

At this point I will refer you to Paul Reiss for any further follow-up necessary. I have included him on this email correspondence.

Thanks,

Theresa Lewber
Practice Manager
Evergreen Family Health
28 Park Avenue, Suite 220
Williston, VT 05495
(802) 878-1008 ext. 220
TLewber@evergreenhealth.org



From: Sharon Kelley <skelley@ESSEX.ORG>
Sent: Tuesday, November 20, 2018 11:00:01 AM