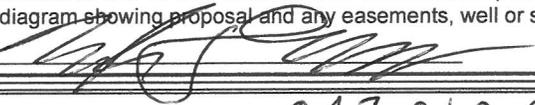


Appeal Period Expires 7/5/24 Zoning District B1 **Town of Essex, Vermont** **Application for Zoning Permit** (Building Permit) Application Date 6/18/24 Permit Number 2024-112

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

SIGN HERE: 

A Parcel Account Numb. (Map-Parcel-Lot) 2-047-012-838
 Property Address: 1 Market Place V25
 Owner: Jeff Harton d/b/a 1 Towne Mkpl V25 LLC
 Owner Address: _____
 Owner Phone: (work) _____ (home) _____
 (cell) 802 310 9182 (Email) _____
 Tenants name: Michael Sands Phone: _____
 Cell: 802 809 1666
 Estimated Construction Dates: Start: 7/1/24 Completion: 8/1/24
 Sq. Feet: 1000 +/- Estimated Cost (labor & materials): \$ 8 k

G

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

Residential:

Single Family	N	A	R
	<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: 25-SAT

~~Commercial~~ Industrial

Stormwater: USE 3

Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: (Former use wicked wings)

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

C Water (Please attach Water Service Application).
 Public Well 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 See attached

Signature of Tenant and Signature of Owner 

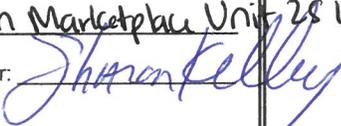
Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>6/18/24</u>
Recreation		\$ _____	<u>1/1/</u>
Recording		\$ <u>30</u>	<u>6/18/24</u>
Certificate of Occ		\$ <u>100</u>	<u>6/18/24</u>
Other		\$ _____	<u>1/1/</u>

Building Permit

Approved Rejected Date 6/20/24

Issued to: 1 Town Marketplace Unit 25 LLC

Zoning Administrator: 

Notes: _____

C.O. Required Yes No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

Sharon Kelley

From: The Cup & Leaf <admin@thecupandleaf.com>
Sent: Tuesday, June 11, 2024 2:31 PM
To: Sharon Kelley
Subject: The Cup & Leaf in essex towne marketplace

WARNING: This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

Hello Sharon,

it was wonderful it meet you in person today. I am hoping to have a small 20to 25 seat cafe, with a staff not exceeding 5 , I am hoping my hours of operation will be between 6 am and 6 pm. I hope to have the application for use permit in the next few days along with the sign application.

Again, thank you for everything

Bless,

-Michael Sands

The Cup & Leaf

- will be installing a dishwasher.
- HAS AN EXISTING grease trap
- previous tenant was wicked wings - to serve up to 25 people.
- Days of operation to be determined - likely 7 days/week.
- other new tenants in complex is low usage (1-2 employees/office space).

Rebuilding front bar.
removing door way between kitchen /dining area

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