

Appeal Period Expires <u>8/12/23</u> Zoning District <u>MXD</u>	Town of Essex, Vermont Application for Zoning Permit (Building Permit)	Application Date <u>7/28/23</u> Permit Number <u>2023-127</u>
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- 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: David Fassler dotloop verified
07/26/23 4:47 PM EDT
ENA9-XDUO-YGUN-GSXZ

Parcel Account Numb. (Map-Parcel-Lot) 2-069-005-000

Property Address : 15 Pinecrest Dr, Essex _____

Owner: Court Street Associates INC

Owner Address: 86 Lake st, Burlington, VT 05401

A Owner Phone: (work) 802-999-7411 802-238-9851
 (Email) _____ yana@lakepointvt.com dfasslervt@mail.com

Tenants name: Bounce Therapy, LLC Director of Operations DI/BA
tova@bouncetherapy.com 201-252-7254 David Fassler

Estimated Construction Dates: Start: 7/1/23 Completion: 7/10/23

Total Cost (labor & materials carpet and paint): \$40,000

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

Inclusions or Additions:

Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-residential:

Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Stormwater:

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

Other:

Change of Tenant – building was used for therapy and new tenant will be using it for counseling therapy use

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 and/or State Septic Approval).

Public Septic Connection Fee \$ _____ Date Paid: ___/___/___

Proposed New Bedrooms: _____ Existing Bedrooms _____

C **Water** (Please attach Water Service Application if applicable).

Public Well Fee \$ _____ Date Paid: ___/___/___

D **Driveway** (Please attach copy of approved Curbcut / Utility Application).

Date of approval : ___/___/___ 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.

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Tova Eisemann dotloop verified
07/20/23 2:18 PM EDT
SGFB-CMN6-HIVJ-MKGP

Signature of Tenant and Signature of Owner David Fassler dotloop verified
07/20/23 4:57 PM EDT
5K7Y-HRVU-UXXB-YVWW

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>7/27/23</u>
Recreation		\$ _____	____/____/____
Recording		\$ <u>30</u>	<u>7/27/23</u>
Certificate of Occ		\$ <u>100</u>	<u>7/27/23</u>
Other		\$ _____	____/____/____

Approved Building Permit 7/28/23
 Rejected Date _____
David Fassler DI/BA
 Issued to: Court St. Assoc. Inc

Zoning Administrator: Sparrow Keller

Notes: no fit up

C.O. Required Yes No
 (Certificate of Occupancy)

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

Alexzia Potts

From: Yana Walder <yana@lakepointvt.com>
Sent: Thursday, July 27, 2023 11:27 AM
To: Sharon Kelley
Cc: Alexzia Potts; Tova Eisemann
Subject: Re: 15 Pinecrest dr zoning app

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

Narrative: Bounce Therapy will be using the space for individual therapy use and general office use. 6 staff, estimated 6 to 10 clients per day.

On Thu, Jul 27, 2023 at 11:05 AM Sharon Kelley <skelley@essex.org> wrote:

Alexzia,

Please fill in the Zoning District (MXD); map/parcel/lot in section A and write in David Fassler d/b/a next to the LLC name; check off 'Public' in Sections B & C; write in existing for the driveway; write in 'See attached narrative' (do you have the email wherein they sent it-if not ask them to resend as this is a part of the application.) I will sign the permit when I am in the office tonight for a meeting.

Yana, I note that I have not seen a sign application. This permit will also has a 15-day statutory deadline.

The flag sign needs to be removed as it has been up well over the maximum time of 2 weeks. Section 3.10 of the Zoning Regulations speak to signage.

Once the use permit is signed, and picked up for posting on the site (and a picture of the posting is sent to you), you can then contact me to set up a time for an inspection.

SK

From: Yana Walder <yana@lakepointvt.com>
Sent: Thursday, July 27, 2023 10:41 AM
To: Sharon Kelley <skelley@ESSEX.ORG>
Cc: Alexzia Potts <APotts@essex.org>; Tova Eisemann <tova@bouncetherapy.com>
Subject: Re: 15 Pinecrest dr zoning app