

Appeal Period Expires 6/12/23
 Zoning District MXD-

Town of Essex, Vermont
Application for Zoning Permit
 (Building Permit)

Application Date 7/12/23
 Permit Number 2023-116

- 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 Num. (Map-Parcel-Lot) 2-069-001-001
 Property Address: 9 Susie Wilson Rd. S Joshua Way
 Owner: Waugreens CO VMS, LLC
 Owner Address: 800 Wilmont Rd
 Owner Phone: (work) _____ (Cell) _____
 (Email) trrent@waugreens.com
 Tenants name: _____ Phone: _____
 (or contractor) _____ Cell: _____
 Estimated Construction Dates: Start: 10/9/23 Completion: 10/9/23
 Sq. Feet: _____ Estimated Cost (labor & materials): \$30,000.00

G

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

<i>Residential:</i>	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"/>
<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 checked="" 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 Sewage Disposal (Please attach Sewer and/or State Septic Approval).
 Public Septic Connection Fee \$ _____ Date Paid: 1/1/
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application if applicable).
 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 ½ 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 [Signature]

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>180</u>	<u>7/12/23</u>
Recreation		\$ _____	<u>1/1/</u>
Recording		\$ <u>30</u>	<u>7/12/23</u>
Certificate of Occ		\$ <u>100</u>	<u>7/12/23</u>
Other		\$ _____	<u>1/1/</u>

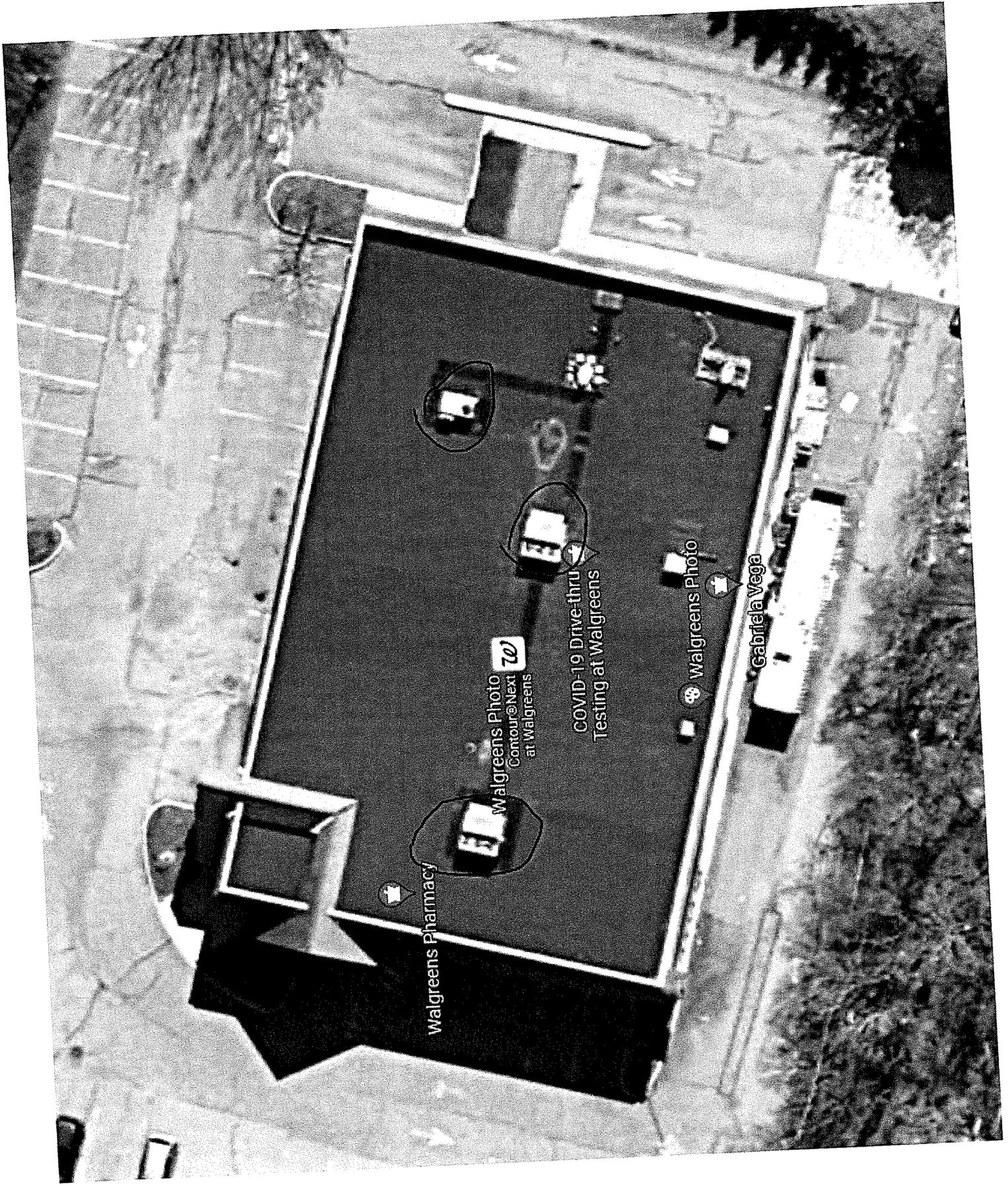
Building Permit
 Approved Rejected Date 7/28/23

Issued to: VMS LLC (Waugreens)
 Zoning Administrator: [Signature]

Notes: _____

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

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



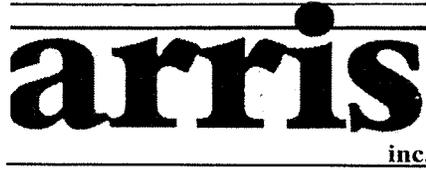
Walgreens Pharmacy

Walgreens Photo
Contour@Next
at Walgreens

COVID-19 Drive-thru
Testing at Walgreens

Walgreens Photo

Gabriela Vega



Walgreens CO.
106 Wilmont Rd
Deerfield IL 60015

July 12 2023

ATTN: HAVC Project Team :
Walgreens Store #:17471

We are pleased to complete the Replace (3) 1997 Carrier RTUs per ERF Received and Condition noted on Survey pictures. Replace with York Production direct fit RTUs as noted on Survey Form for \$30,000.00 (materials + labor).

Brittany Ruberg
Project Manager Assistant
256-237-1601