

Appeal Period Expires ___/___/___ Zoning District _____	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>5/31/23</u> Permit Number _____
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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:** \_\_\_\_\_

**Parcel Account Numb. (Map-Parcel-Lot)** 2-92-002-002

**Property Address :** 25 Fernox Way Sk #214, Essex, VT 05752

**Owner:** Peter Edelmann

**Owner Address:** 21 Essex Way #107, Essex, VT 05752

**Owner Phone: (work)** 878-4200 **(Cell)** 802-233-3604  
**(Email)** p.edelmann@eddevelop.com

**Tenants name:** Chris Hill **Phone:** 802-233-3410  
**(or contractor)** **Cell:** 802-233-3410

**Estimated Construction Dates: Start:** 6/13/23 **Completion:** 6/17/23

**Sq. Feet:** 430 **Estimated Cost (labor & materials):** \$ 24,000

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

**N = New    A = Addition    R = Remodel**

<b>Residential:</b>	N	A	R
Single Family <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inclusions or Additions:</b>			
Garage (attached) (detached) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sewage Disposal** (Please attach Sewer and/or State Septic Approval).

Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_

Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

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

Public  Well  Fee \$ \_\_\_\_\_ Date Paid: \_\_\_/\_\_\_/\_\_\_

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

Date of approval: \_\_\_/\_\_\_/\_\_\_

**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.

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

Signature of Tenant and Signature of Owner

*Nancy Wisard*

*Peter Edelmann*

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ _____	___/___/___
Recreation		\$ _____	___/___/___
Recording		\$ _____	___/___/___
Certificate of Occ		\$ _____	___/___/___
Other		\$ _____	___/___/___

**Building Permit**

Approved  Rejected  Date: \_\_\_/\_\_\_/\_\_\_

Issued to: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_

Notes: \_\_\_\_\_

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

## Sharon Kelley

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**From:** Peter Edelman <pedelman@ebdevelop.com>  
**Sent:** Friday, June 2, 2023 9:45 AM  
**To:** Shawn Cunningham  
**Cc:** Sharon Kelley; Karen Wisehart; Chris Line; Aaron Martin  
**Subject:** Re: Essex Experience WW Allocation  
**Attachments:** 98104 Water Sewer Flows 5-25-23.xlsx; Cider Planning and Zoning Application 2019 October.pdf

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

Thanks Shawn

I will have the users pay a check for the difference

Sent from my iPhone

On Jun 2, 2023, at 8:36 AM, Shawn Cunningham <scunningham@olearyburke.com> wrote:

Good Morning,

Wow, top down email chain is wild Sharon! Haha. Attached is the WW spreadsheet once again. The bottom portion is the proposed. So the currently unapproved flows are 125 gpd WW and WS for VT Cider Lab (25 seats @ 5 gpd) and 320 gpd for Mad Taco (32 seats @ 10 gpd – meals at this one). Keep in mind that starting the calculations of both of these new outdoor uses, we still had a surplus, so the total new additional flows are 187 gpd WW and 359 gpd WS for the EE. How this is split up, paid for etc. we'll let Peter determine.

Also including an old PZ app (the conditional use app for VT Cider Lab) for Karen's reference for property info to use on the zoning app Sharon just provided us.

Thanks and happy Friday,

**Shawn Cunningham, E.I.**  
O'Leary-Burke Civil Associates, PLC  
13 Corporate Drive  
Essex Junction, VT 05452  
email: [scunningham@olearyburke.com](mailto:scunningham@olearyburke.com)  
phone: (802) 878-9990 | fax: (802) 878-9989

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**From:** Peter Edelman <pedelman@ebdevelop.com>  
**Sent:** Thursday, June 1, 2023 5:49 PM  
**To:** Sharon Kelley <skelley@essex.org>  
**Cc:** Shawn Cunningham <scunningham@olearyburke.com>; Karen Wisehart

**Town of Essex**  
**Application for Water Service**

Revised May 2022

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 25 Essex Way, Bk 214 Development: \_\_\_\_\_

Tax Map # 92 Tax Parcel 001 Tax Lot 000

Does hereby request a permit to initiate water service as noted below to

serve \_\_\_\_\_ unit(s)  Residential  Commercial  Industrial structure

Installer / Contractor:

Name: Joe Caszemi / Live Outdoors

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: 802-922-1855

Property Owner:

Name: EastWest Retail Partners Ltd

Address: P.O. Box 8567, Essex VT 05741

Phone: 802-878-4200

Cell: 802-238-3604

Firm Performing Main Line Tap:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

- 1.) The above requested service includes the installation of a 3/4" x 5/8" water meter for residential use and up to a 2" simple meter for non-residential use. The information necessary to determine the correct meter size shall be supplied by the applicant (minimum to maximum range of use). Meters 5/8", 3/4" and 1" shall be installed by the Town. Meters above 1" shall be installed by the owner/applicant or qualified representative.
- 2.) Property owner / agent is responsible for and must provide all necessary excavation form the main to the building or structure.
- 3.) Property owner / agent agrees to provide the Town a minimum of 24 hours notice prior to installation for inspection purposes. No part of the water line may be covered until it has been inspected by the Town Representative.
- 4.) Property owner / agent agrees to restore all disturbed areas to original condition after the installation of said water service.
- 5.) The water service can be turned on only by an employee of the Town of Essex Water Department.
- 6.) Meter spacers must be obtained from the Town of Essex Water Department.
- 7.) The owner / agent agrees that all installation and work will conform to the Town Public Works Specifications and the Water Ordinance and Regulations of the Town of Essex.
- 8.) In consideration of water service supplied by the Town of Essex Water Department, I agree to be

responsible for payment of all bills rendered and for all water used by me, my tenants, successors in tenancy or in ownership, and all persons at above locations, unless and until proper notice is given to the Town Water Department of termination of service on a specific date. I also agree to abide by all rules and regulations established by the Essex Water Department.

Signed: *P. Williams* Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT.  
DO NOT COMBINE WITH ZONING PERMIT FEE.

All water services are subject to a service initiation fee as set by the Water/Sewer Fee Schedule adopted by the Selectboard. The following fee schedule shall apply to all municipal water connections.

FOR OFFICE USE ONLY: *(25 outdoor seats)*

39 gallons/day x \$ 5.90 = \$ 230.10 ~~\$1,000~~ = \$ 230.10

Connection Fee: \$ \_\_\_\_\_ Rcvd by: *APTS* Date: *06/2-23*  Finance Notified

Approved by: *Daniel J. ...* Date: *06/14-23*  Letter Sent  Finance Notified

Inspected by: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Tie Drawing  Finance Notified

Meter Installed Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Master List Updated:  Approved  Inspected  Metered

# TOWN OF ESSEX WATER/SEWER HOOKUP FEES

DATE: 6/13/2023

MAP/PARCEL/LOT: 2092002002

NAME: EOF OUTLETS LLC

LOCATION: 25 Essex Way Suite 214 ( Cider Lab)

<u>G/L A/C #</u>	<u>A/C NAME</u>	<u>AMOUNT</u>
51-34821.000	Water hookup fees - regular	<u>\$230.10</u>

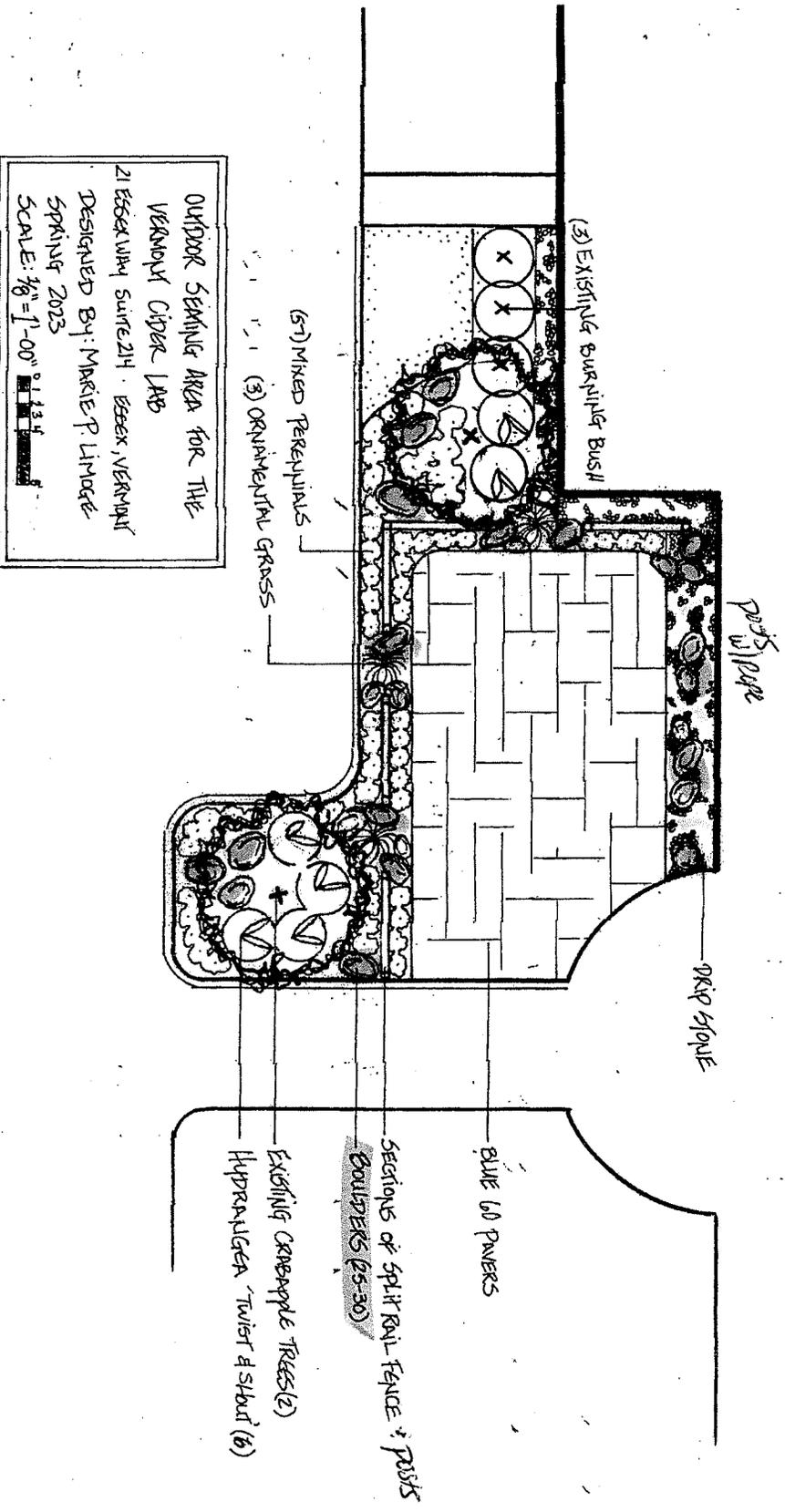
Other: Zoning Permit + Recording - \$ 165.00

51-35522.000	CAPITAL RESERVE	
	- # of gallons _____ x \$10.60 = _____	(36) _____

51-35521.000	SEWER CONNECTION FEE	(37)
35501.000	Special Assessment Reason	

TOTAL REC'D \$395.10

F Diagram – Provide diagram here and include all setbacks



# TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: \_\_\_\_\_ FEE: \$115.00 \_\_\_\_\_ (includes recording)

MAP/PARCEL/LOT: \_\_\_\_\_ NO. \_\_\_\_\_

The undersigned herewith requests an inspection of the premises and the issuance of "Certificate of Occupancy" of premises, or portion thereof, for use or habitation.

This request is for use only of existing land or buildings.

This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit # \_\_\_\_\_

issued to \_\_\_\_\_ on \_\_\_\_\_.

Premises are at \_\_\_\_\_

Water service installation inspected and approved by \_\_\_\_\_

Driveway location inspected and approved by \_\_\_\_\_

Sanitary sewer connection or septic system inspected and approved by:

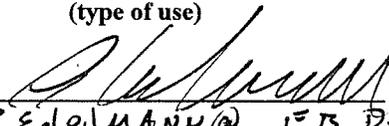
Name: \_\_\_\_\_ Date: \_\_\_\_\_

Construction was begun \_\_\_\_\_, 20\_\_\_\_ and completed \_\_\_\_\_, 20\_\_\_\_

Approval granted by \_\_\_\_\_ P.C. or Z.B.A. \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

Use of premises intended \_\_\_\_\_

(type of use)

Applicant's Signature:  Telephone: \_\_\_\_\_ Cell: 9022383604  
Email Address: P.Edelmann@ESB.Develop.com

By issuance of this Occupancy Permit, the Town of Essex Zoning Administrator hereby acknowledges that the use and/or building construction is in complete conformity with the Zoning Regulations, unless otherwise noted. Field measurements and similar dimensions for setbacks are based in part on evidence supplied by owner. The Town of Essex is not liable for errors or mistakes when it is found that information submitted by the applicant is erroneous or inaccurate.

Certificate of Occupancy has been approved with \_\_\_\_\_ without \_\_\_\_\_ conditions.  
If with conditions, see attachment outlining same.

Certificate of Occupancy denied \_\_\_\_\_. Please see attachment with reasons for denial.

\_\_\_\_\_  
Date Zoning Administrator