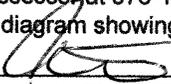


Appeal Period Expires 10/18/23
Zoning District MXD (PUD B1)

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

Application Date 1/1
Permit Number 2023-153

- 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) 2-092 00200 1

Property Address: 21 Essex Way Suite 209 Essex VT 05452

Owner: Everwest Retail Partners LP 2 of outlets

Owner Address: 25 Essex Way Essex VT 05452 LLC

Owner Phone: (work) 802-878-4200 (Cell) _____

(Email) pedelman@EBdevelopment.com

Tenants name: A Clover And One Bee Phone: 802-288-1698

(or contractor) Eric Santini (Cell) 401-419-8019

Estimated Construction Dates: Start: 10/1/23 Completion: 11/1/23

Sq. Feet: 1104 Estimated Cost (labor & materials): \$ 2000

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

Public Septic Connection Fee \$ _____ Date Paid: 1/1

Proposed New Bedrooms: _____ Existing Bedrooms _____

Water (Please attach Water Service Application if applicable).

Public Well Fee \$ _____ Date Paid: 1/1

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

Date of approval: 1/1 Existing

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.

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

See attached

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

Two-family (duplex)(other)

Multi-family

Condominium / Townhouse

Mobile home

Inclusions or Additions:

Garage (attached) (detached)

Porch (enclosed) (open)

Deck

Pool (in) (above) ground

Shed

Barn (residential) (agriculture)
 Commercial Powershop

Office Use Only

Fees: Type Amount Date Pd

Permit 10/3/23 \$ 150

Recreation _____ \$ _____

Recording 10/3/23 \$ 15.00

Certificate of Occ _____ \$ _____

Other 1/1 \$ _____

Other 1/1 \$ _____

Other 1/1 \$ _____

Other 1/1 \$ _____

Building Permit

Approved Rejected Date 10/13/23

Issued to: _____

Zoning Administrator: Shawn Kelly

Notes: NO inspection needed

no fit up done.

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

02/13/17

Flower Shop

Hours: Mon - closed

Tue - 10-6

Wed - 10-6

Thu - 10-6

Fri - 10-6

Sat - 10-4

Sun - 10-4

Subject to change

3 employees (2 FT, 1 PT)

Seasonal employees

2-9

