

Appeal Period Expires 9/30/23 Town of Essex, Vermont Application Date 8/19/23  
 Zoning District RB+BDC Application for Zoning Permit (Building Permit) Permit Number 2023142

- 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) 2-057-023-002  
 Property Address: 81 B Center Rd  
 Owner: AFIA N. AHMED + AJIT KUMAR  
 Owner Address: 81 A Center Rd  
 A Owner Phone: (work) \_\_\_\_\_ (Cell) 414-478-1906  
 (Email) montfile Matthew & Catherine Cross DBA  
 Tenants name: Eavesdrop Audio Logic LLC Phone: \_\_\_\_\_  
 (or contractor) email: contact us @ eavesdropaudiology.com Cell: (309) 368-5099  
 Estimated Construction Dates: Start: N/A Completion: 1/1  
 Sq. Feet: 950 Estimated Cost (labor & materials): \$ 2

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 N/A  
 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  
 Signature of Tenant and Signature of Owner [Signature]

**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	<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"/>
<b>Inclusions or Additions:</b>			
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"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
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"/>

*Handwritten notes: Use permit, Audiology office, no fit up needed.*

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>530</u>	<u>9/1/23</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>30</u>	<u>1/1</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

**Building Permit**  
 Approved  Rejected  Date 9/11/23  
 Issued to: A. AHMED + A. KUMAR  
 Zoning Administrator: Sharon Kelly  
 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**



My listening,  
my life.

**REQUEST AN APPOINTMENT**

## Why Eavesdrop?

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Personalized, Family Hearing Care

Our mission is to demonstrate how hearing health care *should* be done. We are dedicated to improving and maintaining your overall health through preventive care as well as aural

rehabilitation.

**ABOUT US**

## Mobile Hearing Health Care

Can't make it in to our Essex office? Let us do the driving! Eavesdrop Audiology offers Vermont's only mobile full-service hearing health clinic, straight to your door.

**SCHEDULE YOUR CONSULTATION**

## Tinnitus & Hearing

Tinnitus, hearing aids, hearing aid repairs, over-the-counter hearing aid options, auditory processing issues, hearing protection, the best place to view a sunset in Vermont—we can discuss it all.

**MORE SERVICES**

**Proud Member of:**



Use of premises:

Hearing aid store: hearing testing; selling & fitting hearing aids

2 staff (co-owners)

0 employees

Hours by appointment only; Mon.-Fri., 9:00-5:00