

Appeal Period Expires 11/30/22  
 Zoning District B-DC & MKD-C

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

Application Date 1/1  
 Permit Number 2022-169

- 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 Numb. (Map-Parcel-Lot) 2: 091-001-008

Property Address : 8 Carmichael Street, Essex Vermont

Owner: Rick Bove d/b/a HDI Real Estate, Inc

Owner Address: 218 Overlake Drive, Colchester, VT 05446

Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802.999.9996 (Email) \_\_\_\_\_

Tenants name: Jackie Corbally Phone: 802 876 7185  
 Cell: 802 324 5394

Estimated Construction Dates: Start: 11/15/2022 Completion: 2/1/2023

Sq. Feet: 3,690 Estimated Cost (labor & materials): \$ 165,000

**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 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"/>

*See other side*

**B** Sewage Disposal (Please attach Sewer or Septic Application). N/A

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

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

**C** Water (Please attach Water Service Application). N/A

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

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

Date of approval 1/1 N/A 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** See attached drawing set.

Jackie Corbally

Signature of Tenant and  
 Signature of Owner

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>990.00</u>	<u>11/15/22</u>
Recreation		\$ _____	
Recording		\$ <u>30.00</u>	
Certificate of Occ		\$ <u>100.00</u>	
Other		\$ _____	

**Building Permit**

Approved  Rejected  Date 11/15/22

Issued to: HDI Real Estate Inc

Zoning Administrator: Sharon Kelly

Notes: RBES info given

C.O. Required Yes  No

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

Tenant use of Lease space: Behavioral health practice focusing on Mental disorders. There will be minimal inpatient activity. Most consults are performed via tele-med. See prior application for additional information.

**F** Diagram – Provide diagram here and include all setbacks