

Appeal Period Expires 11/10/17
 Zoning District B-DC+

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 1/1/17
 Permit Number 2517-162

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: Cory Charles / Howard Kelley

A	Parcel Account Num. (Map-Parcel-Lot) <u>2-092-002-002</u> <small>(found in Town Assessor's Map)</small> Property Address: <u>25 Essex way</u> Owner: <u>E O F outlets LLC</u> Owner Address: <u>PO Box 8567, Essex</u> Owner Phone: (work) _____ (home) _____ (cell) _____ (Email) _____ Applicant <u>CORY CHARLES</u> Phone: _____ Contractors name: <u>CORY CHARLES</u> Cell: <u>316-6514</u> Estimated Construction Dates: Start: <u>10/1/17</u> Completion: <u>10/1/17</u> Sq. Feet: _____ Estimated Cost (labor & materials): \$ _____	G																								
B	Sewage Disposal (Please attach Sewer or Septic Application). Public <input type="checkbox"/> Private <input type="checkbox"/> Connection Fee \$ <u>N/A</u> Date Paid: <u>1/1/17</u> Proposed New Bedrooms: _____ Existing Bedrooms: _____	Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel Residential: Single Family <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> R <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"/> Inclusions or Additions: 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"/> Non-residential: Commercial / Industrial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stormwater: Stormwater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Erosion Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: <u>TEMPORARY FOOD TRUCK</u> 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"/>																								
C	Water (Please attach Water Service Application). Public <input type="checkbox"/> Private <input type="checkbox"/> Fee \$ <u>N/A</u> Date Paid: <u>1/1/17</u>																									
D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval <u>1/1/17</u> <u>existing</u>																									
E	Stormwater <input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application. <input type="checkbox"/> 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.	Office Use Only <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fees:</th> <th>Type</th> <th>Amount</th> <th>Date Pd</th> </tr> </thead> <tbody> <tr> <td>Permit</td> <td></td> <td>\$ <u>85.</u></td> <td><u>10/26/17</u> SK</td> </tr> <tr> <td>Recreation</td> <td></td> <td>\$ <u>10.</u></td> <td></td> </tr> <tr> <td>Recording</td> <td></td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Certificate of Occ</td> <td></td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td>\$ _____</td> <td></td> </tr> </tbody> </table> Building Permit Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>10/26/17</u> SK Issued to: <u>E O F outlets LLC + Cory Charles</u> Zoning Administrator: <u>Howard Kelley</u>	Fees:	Type	Amount	Date Pd	Permit		\$ <u>85.</u>	<u>10/26/17</u> SK	Recreation		\$ <u>10.</u>		Recording		\$ _____		Certificate of Occ		\$ _____		Other		\$ _____	
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G	notes: <u>Caterer License attached</u> <u>informed Landowner to check with insurance</u> <u>1 picnic table approved</u> <u>OVER</u> Signature of Tenant and Signature of Owner <u>Cory Charles / Howard Kelley</u>	Notes: <u>Food cart for Open House Special Event (Purple Sage) and additional special events until former foodies location opens.</u> C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																								

THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

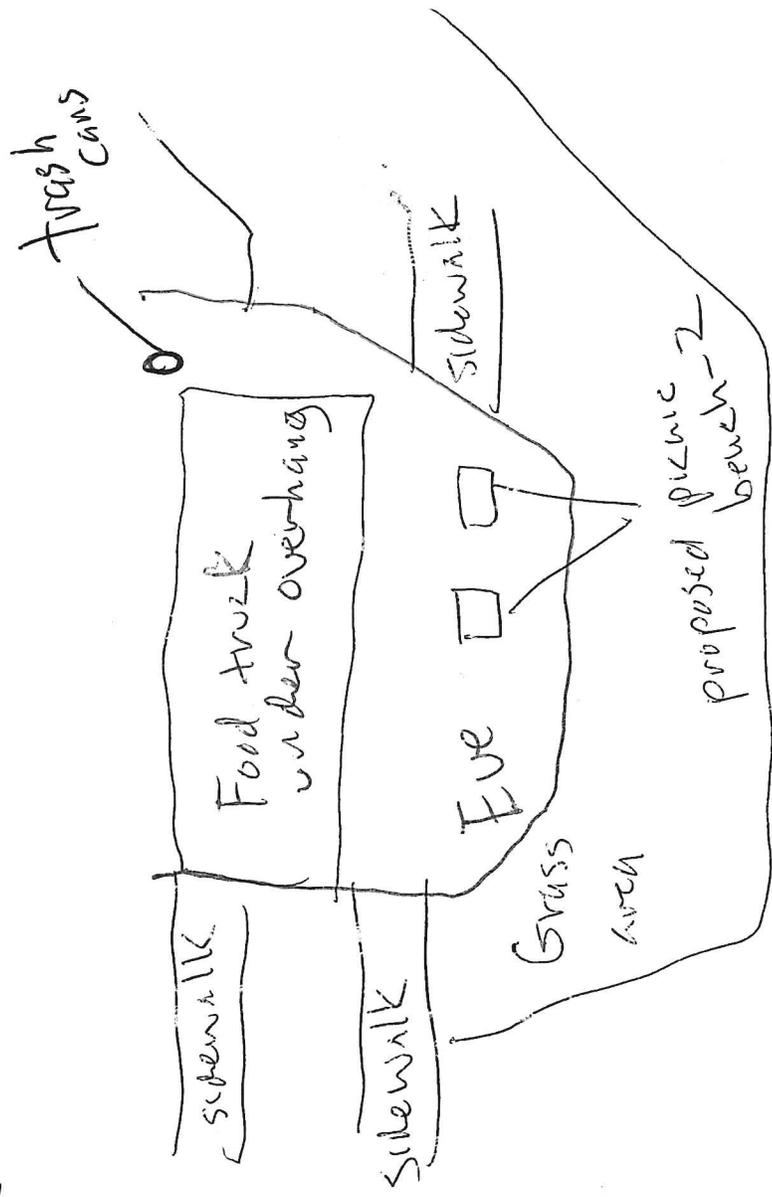
F Diagram - Provide diagram here and include all setbacks

Under Canopy of End of outlets
for purpose of selling food on temp basis

of employees 2

copy of health license

Times of operation
11-8PM
men-serv



STATE OF VERMONT - AGENCY OF HUMAN SERVICES
STATE BOARD OF HEALTH
License to Operate

I.D.# 6364
LICENSE TYPE: CATERER - COMMERCIAL
EFFECTIVE DATE: 04/30/2017

ESTABLISHMENT NAME & LOCATION:
BERDAS LLC
56 UPPER MAIN ST
ESSEX, VT 05451

LICENSEE NAME & ADDRESS:
BERDAS LLC
82 PINECREST DR
ESSEX, VT 05452

FEE: \$260.00

EXPIRATION DATE: 04/30/2018

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED TO OPERATE UNDER THE PROVISIONS OF TITLE 18, SECTIONS 4351-4451 VERMONT STATUTES ANNOTATED. THIS LICENSE IS VALID PENDING RATIFICATION BY THE VERMONT BOARD OF HEALTH.

**THIS LICENSE IS NOT TRANSFERABLE AND IS VALID ONLY FOR THE LICENSEE LISTED.
THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.**



