

Appeal Period Expires 11/25/17  
 Zoning District B-DC + MDC

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

Application Date 11/7/17  
 Permit Number 2017-170

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: verbal instruction given

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-091-004-001  
 (found in Town Assessor's Office)  
 Property Address: 4 Carmichael St Unit 107 Essex Vt  
 Owner: HDI Real Estate, Inc Attn Rick Bove  
 Owner Address: 218 Overlake Dr Colchester VT  
 Owner Phone: (work) \_\_\_\_\_ (home) 054410  
 (cell) 802-999-9998 (Email) \_\_\_\_\_  
 Contractor's name: Modern Bliss Salon Phone: 662 4371  
Kathy Mathieu Cell: 309-8564  
 Estimated Construction Dates: Start: 1/1 Completion: 1/1  
 Sq. Feet: 12600 Estimated Cost (labor & materials): \$ \_\_\_\_\_

To Applicant

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"/>
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 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 permit	<input checked="" 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"/>

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms existing

**C** Water (Please attach Water Service Application). Existing  
 Public  Private  Fee \$ \_\_\_\_\_ Date Paid: 1/1

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval 1/1 NIA

**E** Stormwater NIA  
 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  
Kathy Mathieu  
Rick Bove

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>1005</u>	<u>11/10/17</u>
Recreation		\$ _____	
Recording		\$ <u>20.5</u>	
Certificate of Occ		\$ <u>75</u>	
Other		\$ _____	

Approved  Rejected  Date 11/10/17  
 Issued to: HDI Real Estate Inc + Kathy Mathieu  
 Zoning Administrator: Shawn A. Kelley  
 Notes: new salon owner taking over minimal change, i.e. new chairs, painting, etc.  
 C.O. Required Yes  No

# Modern Bliss Salon

The purpose of our business is a salon offering hair, skin, and electrolysis services. As well as the sales of related goods and products.

Our business will have four (4) stylist chairs, two (2) shampoo sinks, and one (1) treatment room with a sink.

Our business structure does not have employees, we will have renters (independent contractors). We will have up to four (4) renters.

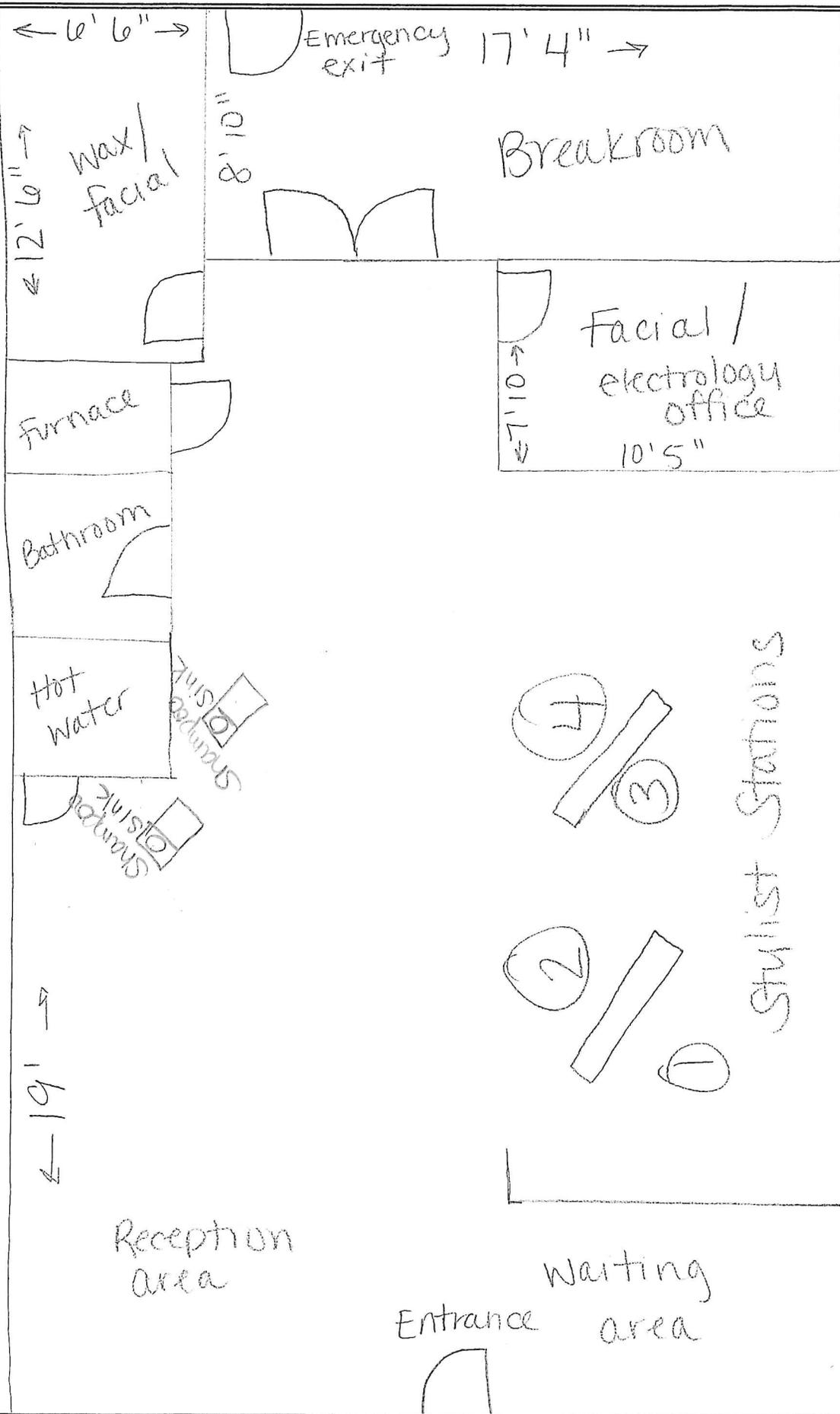
Our business hours will be dependant on the hours the renters choose to work. With the option of seven (7) days a week from 7am - 8pm.

F Diagram - Provide diagram here and include all setbacks

Modern Bliss Salon

4 Carmichael St Unit 107

taking over previous Salon. However, will start with 4 chairs at this time.





Address: Tesce Dobiacki Essex  
**VERMONT DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team  
 WWW.FIRESAFETY.VERMONT.GOV  
 343-0363

**Change of Use or Ownership Inspection Request**

Name of Building or Association: 4 Corniches St Essex  
 Physical 911 Address: 4 Corniches St Essex  
 Building Number: 4 Unit Number: 3125 Number of Units in Building: 107  
NOV 06 2017

**Current Owner Contact Information**  
 Contact Name: Rock Kove  
 Contact Phone: 999-9998 E-Mail: rockkove@comcast.net

**New Owner/Condominium Association Contact Information**  
 Contact Name: Lindsay Church & Kathy Mathieu  
 Contact Phone: 370-1944 E-Mail: lchurch@3898.com

Change of Use Request - Current Use: education Proposed Use: education  
 Change of Occupancy  
 Change of Ownership Request: education Date of Closing: 12/10/17

Contact Name to Schedule Inspection: Esther Lotz 343-0363  
 Relationship:  Current Owner  Renter  Condo Association  
 Phone: 343-0363 E-Mail: esther.lotz@acoh.com

**Please remember to give the Division of Fire Safety Staff at least 15 days' notice**  
 We do our best to meet your deadlines but can only do so if enough advanced notice is given.

**Fee: \$125 - Please make check payable to: Department of Public Safety**

**Williston Regional Office**  
 340 Hickory Lane, Suite 101  
 Williston, VT 05495  
 Phone: 802-673-2200

**Stam Regional Office**  
 1315 US Route 302, Suite 503  
 Stowe, VT 05641  
 Phone: 802-473-4414

**Rutland Regional Office**  
 16 Howe Street, Suite 200  
 Rutland, VT 05701  
 Phone: 802-251-1002

**Springfield Regional Office**  
 67 Abene Street, Suite 217  
 Springfield, VT 05156  
 Phone: 802-485-0011

**\* FOR OFFICE USE ONLY \***

Structure ID:	Work Item ID:	Received Date:
Check From:	Check #:	Amount:
		Inspector:

Change to Date Application



Vermont Department of Public Safety  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team  
 firesafety.vermont.gov



Barre Regional Office  
 1311 U.S. Route 302 - Berlin, Suite 500  
 Barre, VT 05641  
 [phone] 802-479-4434  
 [fax] 802-479-4446

Rutland Regional Office  
 56 Howe Street, Building A, Suite 200  
 Rutland, VT 05701-3449  
 [phone] 802-786-5867  
 [fax] 802-786-5872

Williston Regional Office  
 380 Hurricane Lane, Suite 101  
 Williston, VT 05495-2080  
 [phone] 802-879-2300  
 [fax] 802-879-2312

Springfield Regional Office  
 100 Mineral Street, Suite 307  
 Springfield, VT 05156-3168  
 [phone] 802-885-8883  
 [fax] 802-885-8885

**FIRE INSPECTION RESULTS**

Site Id: 55141

**Structure Information**

Name: ESSEX TOWN CENTER - WHITTIER BLD (CODYS / MIMMOS) Address: 4 CARMICHAEL ST  
 Structure Id: 55141 ESSEX CENTER, VT 05452

**Owner Information**

Owner: Bove Brothers Town Center Inc. C/o Rick Bove Address: 218 Overlake Drive  
 (BO 103012) COLCHESTER, VT 05446

**Building Description**

Risk Index: H1	Smoke Det: Yes	Occupants: 594	Units: 44
Const Type: 5A	CO Detect: Yes	Stand Pipe: Yes	Floors: 3
Occ Type: BMR	Fire Alarm: Automatic	Sprinkler: Complete	Sq Feet: 21460
Heating: Gas Hot Water			

**Project Description**

Name: INSPECTION #107- NOVEMBER 2017  
 Type: Building Project Received: 11/06/2017 Workitem Id: 415215  
 Comment: ESTHER LOTZ/ (802) 343-0363

**Inspection Detail**

Insp Date: 11/08/2017 Insp Type: Initial Violations:  
 Comply By: Occ Granted: Hazard Index: Level 1  
 Inspector: JESSE DOBIECKI (S 83527)

**Violations and Notes**

Visited space previously used as a hair salon to determine its suitability for that continued use; also discussed proposed minor renovations in the future.

In order to reopen as a hair salon:

1. Emergency lighting must be added/all exit signage must be operable.
2. Heating plant due for inspection (tagged 2014)
3. Have electrician consult with electrical inspector regarding appropriate wiring method for receptacles in electrolysis room. All electrical work requires a work notice filed by a master electrician.
4. Plumbing work, including adding electrolysis room sink, must be permitted through this office.
5. The proposed greeting desk must meet the ADA requirements for a 'sales and service counter.'