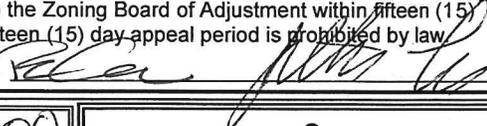


Appeal Period Expires <u>4/9/16</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>3/12/16</u>
Zoning District <u>AXD-PUD + B-DC</u>		Permit Number <u>2016-28</u>

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: 

A

Parcel Account Num. (Map-Parcel-Lot) 2-090-005-000
(found in Town Assessor's Office)

Property Address: 43 Upper Main St Essex Junction

Owner: John + Debbie Lang Lang Family LLC

Owner Address: 51 Upper Main St

Owner Phone: (work) _____ (home) _____
(cell) _____ (Email) _____

Tenant's Name: Pamela Clark Phone: _____
Yoga Inquiry Yoga Cell: 3990157

Estimated Construction Dates: Start: 4/9/16 Completion: 4/9/16

Sq. Feet: Existing Estimated Cost (labor & materials): \$ 0
Upstairs Loft

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"/>
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:			
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"/>

Permit yoga classes

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).

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

Existing

D

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

Date of approval 1/1

Existing

E

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.

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

and occasional work shops, during off times for Banquets.



Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75</u>	<u>3/25/16</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>10</u>	<u>3/25/16</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

Building Permit

Approved Rejected Date 3/25/16

Issued to: Lang Family LLC and Inquiry Yoga (Pam Clark)

Zoning Administrator: Sharon T. Kelley

Notes: _____

C.O. Required Yes No

09/21/15

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

*Weddays 6-8 pm
Yoga in the Garden Barn*