

Appeal Period Expires 6/23/15
 Zoning District RB

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

Application Date 6/1/15
 Permit Number 2015-82

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 @ 879-5676.**

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: Mark D. Johnson

A Parcel Account Num. (Map-Parcel-Lot) 2-057-054-000
 (found in Town Assessor's Office)
 Property Address: 67 Center Road
 Owner: Mark D Johnson
 Owner Address: 512 Brickyard Rd Colchester
 Owner Phone: (work) _____ (home) _____
 *(cell) 238-0417 (Email) MJohnson1600@yahoo.com
 Contractor name: Carrie Devereux Phone: _____
Chotunda@Comcast.net Cell: 363-7465
 Estimated Construction Dates: Start: 5/21/15 Completion: 6/21/15
 Sq. Feet: 1920 Estimated Cost (labor & materials): \$25000

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 <u>Balcon</u>	<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 \$1,950 Date Paid: 6/8/15
 Proposed New Bedrooms: _____ Existing Bedrooms EXISTING

C Water (Please attach Water Service Application).
 Public Private Fee \$1,130 Date Paid: 6/8/15

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1 see attached email EXISTING

E Stormwater NA
 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. (Instruction sheet available upon request.)
OVER attached floor plan

G Signature of Tenant and Signature of Owner Mark D. Johnson

Office Use Only

Fees	Type	Amount	Date Pd.
Permit		<u>\$100</u>	<u>6/8/15</u>
Recreation		<u>\$</u>	<u>1/1</u>
Recording		<u>\$20</u>	<u>6/8/15</u>
Certificate of Occ		<u>\$75</u>	<u>6/8/15</u>
Other		<u>\$</u>	<u>1/1</u>

Building Permit
 Approved Rejected Date 6/8/15
 Issued to: Mark Johnson
 Zoning Administrator: Shawn Kelly
 Notes: Energy code given
State will permit not needed

C.O. Required Yes No

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

(web) 11/02/10

F Diagram - Provide diagram here and include all setbacks

Hair Salon

Owners Carrie Devereux, Nicola Stata, and Stephanie Carter
6 Chairs

6 employees (including the three owners)

Services will include hair and waxing

hours of operation Monday - Sat 9-7

each appointment is between 1hr - 3hrs in length

PARKING ON-SITE INCLUDES 12 SPACES (10 SPACES REQUIRED)
(1 SPACE/200 SF)

~~NOTE~~ Applicant had existing 100 gals on site. ^{received} approval from selectboard for 200 gal additional. Now totals 300 gals for site.