

Appeal Period Expires 7/23/15
 Zoning District MXDC FB-DC
 Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org
 Application Date 1/1/15
 Permit Number 2015-204

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.

X Signed Stephanie Robinson

A Parcel Account Numb. (Map-Parcel-Lot) 2- 091-004-001
 (found in Town Assessor's Office)
 Property Address: 4 Carondelet Suite 108
 Owner: Rick Rowe HDI Inc / Stephanie Robinson
 Owner Address: 218 Real Estate PEACE OF MIND PILATES LLC
 Owner Phone: (work) 603-888-5416 (Home) Essex VT #3
 (cell) 999-9998 (Email) 999-9093
 Contractors name: Roger Paradis Phone: _____
 Cell: 343-4143
 Estimated Construction Dates: Start: 7/23/15 Completion: 8/30/15
 Sq. Feet: 1200 Estimated Cost (labor & materials): \$ 5500

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 checked="" type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pilates studio fit up + use

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: _____
 Proposed New Bedrooms OK Existing Bedrooms EXISTING

C Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: _____
OK EXISTING

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval OK 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.
N/A

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 + see attached

G Signature of Tenant and Signature of Owner X Stephanie Robinson

Office Use Only

Fees	Type	Amount	Date Pd.
Permit		\$ <u>100</u>	<u>7/8/15</u>
Recreation		\$ _____	
Recording		\$ <u>20</u>	
Certificate of Occ.		\$ <u>25</u>	
Other		\$ _____	

Building Permit Approved Rejected Date 7/8/15
 Issued to: HD I: Stephanie Robinson
 Zoning Administrator: Shawn Kelley
 Notes: Emergency case given

C.O. Required Yes No

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

(web) 11/02/10