

Appeal Period Expires 4/19/14
 Zoning District B1

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

Application Date 03/13/2014
 Permit Number 2014-30

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 Amanda R. Cook

Parcel Account Num. (Map-Parcel-Lot) 2-047-012-817
 (found in Town Assessor's Office)
Property Address: 116 Market Place, Essex Junction, VT 05452
Owner: ~~Life Safety Systems, Inc.~~ Simply Components, LLC
Owner Address: 1 Towne MarketPlace Unit 16, Essex Junction, VT 05453
Owner Phone: (work) 802-879-5355 (home) _____
 (cell) 802-922-2409 (Email) amanda.cook@lifesafetysystemsne.com
Contractor's name: Life Safety Systems Phone: _____
 Cell: _____
Estimated Construction Dates: Start: ___/___/___ Completion: ___/___/___
 Sq. Feet: _____ Estimated Cost (labor & materials) \$ _____

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

<i>Residential:</i>	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"/>
<i>Inclusions or Additions:</i>			
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"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
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 office / storage

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

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

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval ___/___/___ *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. (Instruction sheet available upon request.)
After-the-fact.

G Signature of Tenant and Signature of Owner
Amanda R. Cook

Office Use Only

Fees:	Type	Amount	Date Pd.
Permit		\$ <u>85.00</u>	<u>3/28/14</u>
Recreation		\$ _____	
Recording		\$ <u>20.00</u>	<u>3/28/14</u>
Certificate of Occ		\$ <u>75.00</u>	<u>3/28/14</u>
Other		\$ _____	

Approved Rejected Date 4/4/14
 Issued to: Simply Components LLC
 Zoning Administrator: Sharon L. Kelley
 Notes: this tenant occupied the land prior to receiving a permit

C.O. Required Yes No

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

(web) 11-02-10