



Appeal Period Expires <u>6/22/13</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> www.essex.org	Application Date <u>6/7/2013</u>
Zoning District <u>R2</u>		Permit Number <u>2013-89</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 @ 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: [Signature]

**A**

Parcel Account Num. (Map-Parcel-Lot) 2 079 001 128  
(found in Town Assessor's Office)

Property Address: 8 Windridge Rd

Owner: E. Nowak Nancy Middleton

Owner Address: 8 Windridge Rd

Owner Phone: (work) 879-3515 (home) 879-3514  
(cell) 238-8916 (Email) nan49@52e

Contractors name: (014) Phone: commercial  
Cell: res

Estimated Construction Dates: Start: 6/1/13 Completion: 7/1/13

Sq. Feet: 200 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input checked="" 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"/>

**B**

**Sewage Disposal** (Please attach Sewer or Septic Application). n/a

Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1

Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C**

**Water** (Please attach Water Service Application). n/a

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

**D**

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

Date of approval 1/1/13

**E**

**Stormwater** n/a

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.)

**G**

Signature of Tenant and Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>50.</u>	<u>6/7/13</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ <u>10.</u>	<u>6/7/13</u>
Certificate of Occ		\$ _____	<u>1/1</u>
Other		\$ _____	<u>1/1</u>

**Building Permit**

Approved  Rejected  Date 6/7/13

Issued to: E. Nowak, Nancy Middleton

Zoning Administrator: [Signature]

Notes: \_\_\_\_\_

C.O. Required Yes  No

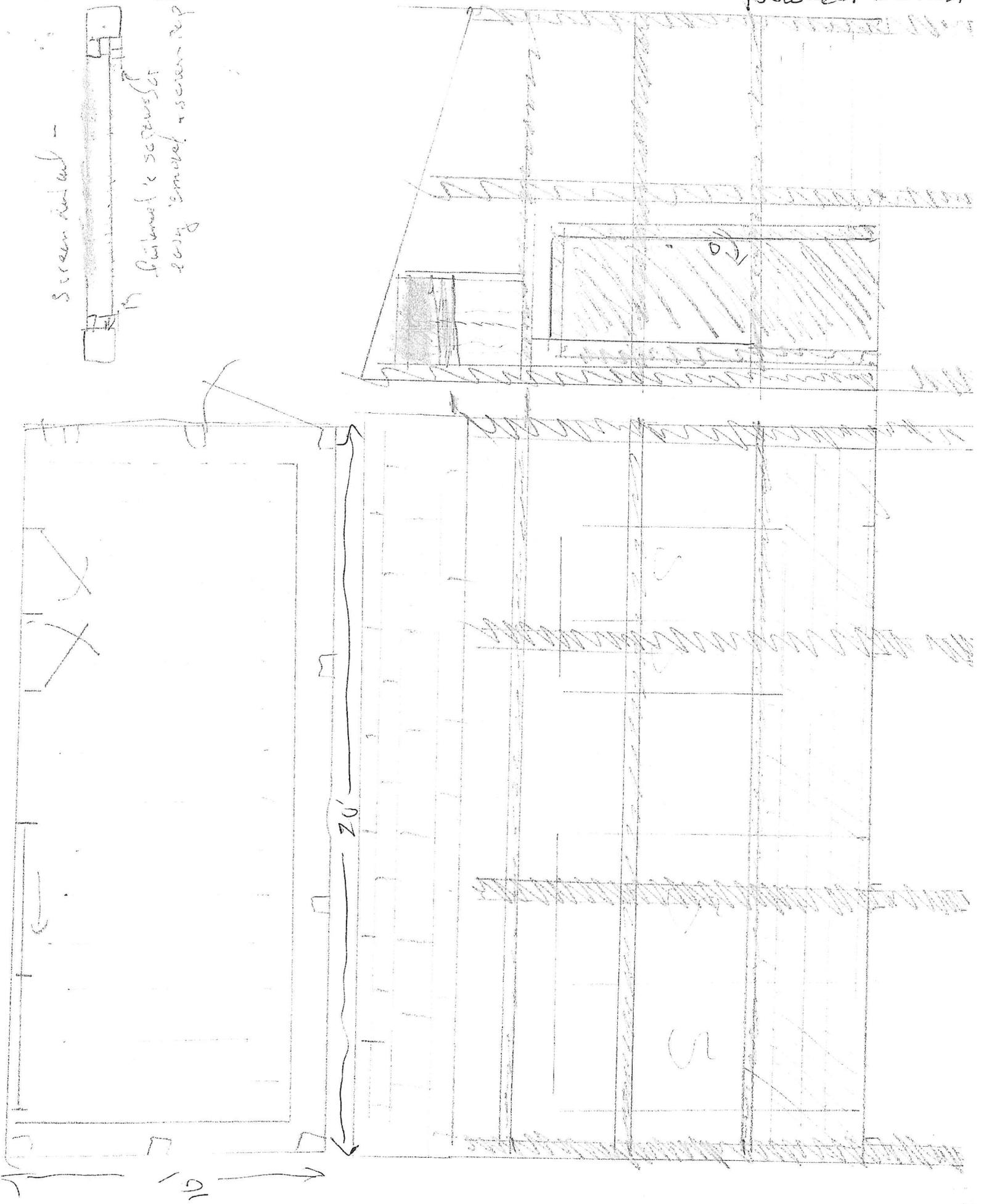
**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE**



NEW WALL MATERIALS

Screen material -

horizontal & vertical  
being removed + screen repl



policy, or your cancellation of your policy. We may also provide certain information to the agent necessary for determining payments to the agent or notify the agent when you submit a claim.

• **Family, Friends and Others Involved in Your Care:**

We may from time to time disclose your Personal Health Information to family, friends, and others (such as your designees) who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited Personal Health Information with such individuals. We may also disclose limited Personal Health Information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you. You have the right to stop or limit these disclosures.

• **Service-Related Uses and Marketing:** We may contact you to provide information on payment of your claims, or information about health-related benefits and services that may be of interest to you. We will not use your Personal Health Information for marketing non-health products without your authorization.

**Other Uses and Disclosures:** In some circumstances, such as those described below, we may disclose your Personal Health Information to third parties without your authorization:

- We may release your Personal Health Information for any purpose allowed by law;
- We may release your Personal Health Information to law enforcement officials as allowed by law to report wounds, injuries, and crimes;
- We may release your Personal Health Information for public health activities, such as permitted reporting of disease, injury, death, and for required public health investigations;
- We may release your Personal Health Information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- If you are covered under a group plan, we may release your Personal Health Information to your plan sponsor as permitted by the group health plan and as provided for in the group health plan's notice of privacy practices if required. However, prior to any such disclosure the plan sponsor must certify that the information provided will be maintained in a confidential manner and not used for employment related decisions or in connection with any other benefit or benefit plan of the plan sponsor, or in any other manner not permitted by law;
- We may release your Personal Health Information if allowed by law to a government oversight agency

conducting audits, investigations (such as investigations into consumer complaints), or civil or criminal proceedings;

- We may release your Personal Health Information if required to do so by a court or administratively ordered subpoena or discovery request;
- We may release your Personal Health Information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your Personal Health Information if you are a member of the military as required by armed forces services. We may also release your Personal Health Information if necessary for national security, intelligence activities, disaster relief purposes, to avert a serious threat to health or safety, or for the protection of the President and others;
- We may release your Personal Health Information to workers' compensation agencies if necessary for your workers' compensation benefit determination;
- We may release your Personal Health Information to coroners, medical examiners, and funeral directors if needed, for example, to identify a deceased person. We may also release your Personal Health Information to organ or tissue procurement organizations, consistent with applicable law;
- We may release your Personal Health Information to a correctional institution if you are or become an inmate of a correctional institution;
- We may release your Personal Health Information to non-affiliated organizations or persons such as other insurance institutions, agents, insurance support organizations, or law enforcement and governmental authority as necessary to prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with your coverage or application for coverage; and
- We may release your Personal Health Information to any affiliated company. Such company's use will be limited to use in connection with a compliance audit, market conduct audit, or other compliance or regulatory activity.

**YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION**

You have the following rights:

- To copy and/or inspect much of the Personal Health Information that we retain on your behalf. All requests must be made in writing and signed by you or your representative. We may charge a reasonable fee for copies and postage and, in certain cases, may deny your request.
- To request that we send communications of Personal Health Information about you by alternative means or to alternative locations, if all or part of that information could endanger you. For example, you may ask that we contact you at home, rather than



