

Appeal Period Expires 5/9/13  
 Zoning District B1

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

Application Date 1/1/13  
 Permit Number 2013-52

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 Numb. (Map-Parcel-Lot) 2-047-012-000  
 (found in Town Assessor's Office)  
 Property Address: 27 Susie Wilson Road  
 Owner: Handy Hotels + Rentals LLC  
 Owner Address: \_\_\_\_\_  
 Owner Phone: (work) 802-343-1401 (home) \_\_\_\_\_  
 (cell) 802-343-1401 (Email) \_\_\_\_\_  
 Contractors name: Richard Decker Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 2013 Completion: 2013  
 Sq. Feet: 0 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"/>

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: N/A  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms N/A

**C** Water (Please attach Water Service Application).  
 Public  Private  Fee \$ \_\_\_\_\_ Date Paid: N/A

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 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.)  
Business to operate pursuant to ZBA 2011-4 and PC Approvals 2011-11

**G** Signature of Tenant and Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.</u>	<u>4/24/13</u>
Recreation		\$ _____	<u>1/1/13</u>
Recording		\$ <u>10.-</u>	<u>4/24/13</u>
Certificate of Occ		\$ _____	<u>1/1/13</u>
Other		\$ _____	<u>1/1/13</u>

**Building Permit**  
 Approved  Rejected  Date 4/24/13  
 Issued to: Handy Hotels + Rentals LLC  
 + Richard Decker  
 Zoning Administrator: Simon D. Kelley  
 Notes: \_\_\_\_\_  
 C.O. Required Yes  No

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

(web) 11/02/10

STATE OF VERMONT - AGENCY OF HUMAN SERVICES  
STATE BOARD OF HEALTH  
License to Operate

I.D.# 14914 LINK I.D.#  
LICENSE TYPE: COMMERCIAL CATERER  
EFFECTIVE DATE: 05/01/2013  
ESTABLISHMENT NAME & LOCATION:  
LOST NATION SMOKE COMPANY  
241 LOST NATION ROAD  
ESSEX JUNCTION

CAPACITY: ----- FEE: \$ 200.00

EXPIRATION DATE: 04/30/2014

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED TO OPERATE UNDER THE PROVISIONS OF TITLE 18 SECTIONS 4351-4451 VERMONT STATUTES ANNOTATED. THIS LICENSE IS VALID PENDING RATIFICATION BY THE VERMONT BOARD OF HEALTH.

THIS LICENSE IS NOT TRANSFERABLE AND IS VALID ONLY FOR THE LICENSEE LISTED BELOW.

LICENSEE NAME & ADDRESS:  
DECKER RICHARD  
241 LOST NATION ROAD  
ESSEX JUNCTION, VT 05452

THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.

STATE OF VERMONT - AGENCY OF HUMAN SERVICES  
STATE BOARD OF HEALTH  
License to Operate

I.D.# 14913 LINK I.D.#  
LICENSE TYPE: HOME CATERER  
EFFECTIVE DATE: 05/01/2013  
ESTABLISHMENT NAME & LOCATION:  
LOST NATION SMOKE COMPANY  
241 LOST NATION ROAD  
ESSEX JUNCTION

CAPACITY: ----- FEE: \$ 95.00

EXPIRATION DATE: 04/30/2014

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED TO OPERATE UNDER THE PROVISIONS OF TITLE 18 SECTIONS 4351-4451 VERMONT STATUTES ANNOTATED. THIS LICENSE IS VALID PENDING RATIFICATION BY THE VERMONT BOARD OF HEALTH.

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