

Appeal Period Expires <u>3/15/13</u> Zoning District <u>R2</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>2013-15</u> Permit Number <u>2013-15</u>
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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.** (Self)

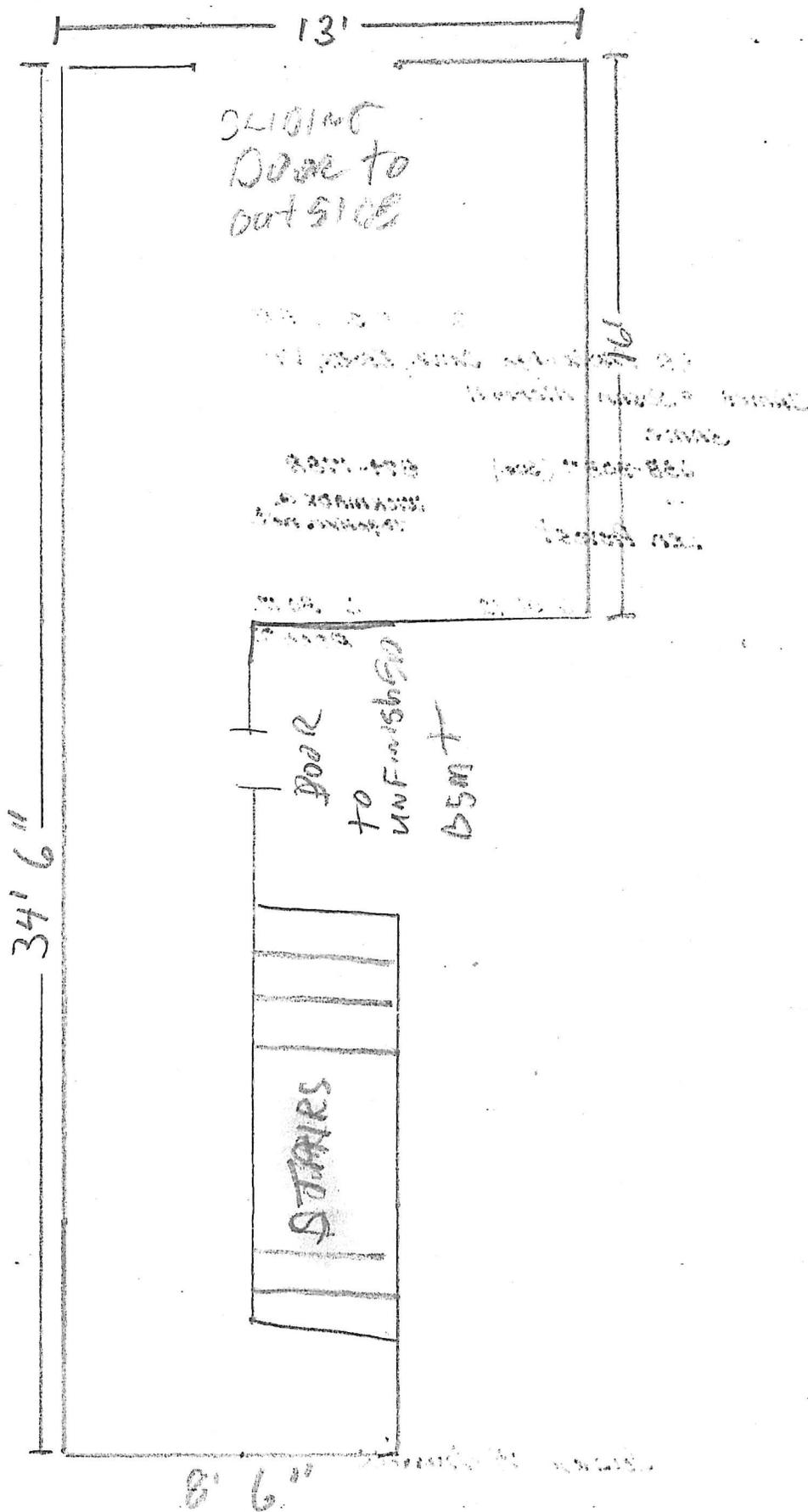
Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: [Signature]

A	Parcel Account Numb. (Map-Parcel-Lot) 2- <u>082-002-156</u> <small>(found in Town Assessor's Office)</small> Property Address: <u>48 Actonridge Drive, Essex, VT</u> Owner: <u>James & Susan Merrill</u> Owner Address: <u>SAME</u> Owner Phone: (work) <u>658-3037 (Sue)</u> (home) <u>879-1788</u> (cell) <u>-</u> (Email) <u>WICKMAD@together.net</u> Contractors name: <u>Len Provost</u> Phone: _____ Cell: _____ Estimated Construction Dates: Start: <u>6/01/12</u> Completion: <u>6/30/12</u> Sq. Feet: <u>280</u> Estimated Cost (labor & materials): \$ <u>8000[±]</u>	G																																																																																								
		Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><i>Residential:</i></td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">A</td> <td style="width:10%; text-align: center;">R</td> </tr> <tr> <td>Single Family</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Two-family (duplex)(other)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Multi-family</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Condominium / 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B	Sewage Disposal (Please attach Sewer or Septic Application). Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>1/1</u> Proposed New Bedrooms: <u>2</u> Existing Bedrooms <u>3</u>																																																																																									
C	Water (Please attach Water Service Application). Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Fee \$ _____ Date Paid: <u>1/1</u>																																																																																									
D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval <u>1/1</u> <u>N/A</u>																																																																																									
E	Stormwater <u>N/A</u> <input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application. <input type="checkbox"/> Project creates new or expands existing impervious surface greater than or equal to ½ 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.) <u>To correct work done without a permit in 2012.</u>																																																																																									
G	Signature of Tenant and Signature of Owner <u>Susan A Merrill</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Office Use Only</th> </tr> <tr> <td style="width:15%;">Fees:</td> <td style="width:15%;">Type</td> <td style="width:30%;">Amount</td> <td style="width:40%;">Date Pd</td> </tr> <tr> <td>Permit</td> <td></td> <td>\$ <u>50.-</u></td> <td><u>2/21/13</u></td> </tr> <tr> <td>Recreation</td> <td></td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Recording</td> <td></td> <td>\$ <u>10.-</u></td> <td><u>2/21/13</u></td> </tr> <tr> <td>Certificate of Occ</td> <td></td> <td>\$ _____</td> <td><u>1/1</u></td> </tr> <tr> <td>Other</td> <td></td> <td>\$ _____</td> <td><u>1/1</u></td> </tr> <tr> <td colspan="4" style="text-align: center;">Building Permit</td> </tr> <tr> <td>Approved <input checked="" type="checkbox"/></td> <td>Rejected <input type="checkbox"/></td> <td>Date</td> <td><u>2/21/13</u></td> </tr> <tr> <td colspan="4">Issued to: <u>James & Susan Merrill</u></td> </tr> <tr> <td colspan="4">Zoning Administrator: <u>Sharon Kelley</u></td> </tr> <tr> <td colspan="4">Notes: _____</td> </tr> <tr> <td colspan="4">C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> </table>	Office Use Only				Fees:	Type	Amount	Date Pd	Permit		\$ <u>50.-</u>	<u>2/21/13</u>	Recreation		\$ _____		Recording		\$ <u>10.-</u>	<u>2/21/13</u>	Certificate of Occ		\$ _____	<u>1/1</u>	Other		\$ _____	<u>1/1</u>	Building Permit				Approved <input checked="" type="checkbox"/>	Rejected <input type="checkbox"/>	Date	<u>2/21/13</u>	Issued to: <u>James & Susan Merrill</u>				Zoning Administrator: <u>Sharon Kelley</u>				Notes: _____				C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																							
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THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE

F Diagram - Provide diagram here and include all setbacks





VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the Fire Marshal & Fire Academy

ELECTRICAL INSPECTION REPORT

SITE NUMBER	88169
INSPECTION NUMBER	MM-10616
VIOLATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF BUILDING <i>Oak Ridge Townhouses</i>		DATE OF INSPECTION <i>2/12/2013</i>
9-1-1 ADDRESS <i>48 Partridge Ln.</i>	CONTRACTOR <i>Brite Electric</i>	TYPE OF INSPECTION <input type="checkbox"/> ROUGH <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> ENERGIZING <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> COMPLAINT INVESTIGATION <input type="checkbox"/> RE-INSPECTION
TOWN/CITY <i>Essex, Vt.</i>	ZIP	

CODE CITATIONS

FINDINGS

1) Check the Gas line for proper grounding. (250.104(B))

2) Cover for Junction Box over the suspended ceiling.

GFI's Checked as well as smoke / CO Detectors.

OK to final

COMPLIANCE DATE:	
INSPECTED BY: <i>Monte A. Mason</i>	TELEPHONE NUMBER: <i>879-2309</i>
FIRE MARSHAL REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOS TAKEN <input type="checkbox"/> BOARD REFERRAL <input type="checkbox"/>

COMPLETE *Daniel R. Bell* *RM 2932*



Vermont Department of Public Safety
DIVISION OF FIRE SAFETY



Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team
 firesafety.vermont.gov

Barre Regional Office
 1311 U.S. Route 302 - Berlin, Suite 500
 Barre, VT 05641
 [phone] 802-479-4434
 [fax] 802-479-4446

Rutland Regional Office
 56 Howe Street, Building A, Suite 200
 Rutland, VT 05701-3449
 [phone] 802-786-5867
 [fax] 802-786-5872

Williston Regional Office
 372 Hurricane Lane, Suite 102
 Williston, VT 05495-2080
 [phone] 802-879-2300
 [fax] 802-879-2312

Springfield Regional Office
 100 Mineral Street, Suite 307
 Springfield, VT 05156-3168
 [phone] 802-885-8883
 [fax] 802-885-8885

FIRE INSPECTION RESULTS

Site Id: 63021

Structure Information

Name: TOWNHOMES AT OAKRIDGE - BUILDING 55 Address: 46 / 48 PARTRIDGE DRIVE
 Structure Id: 63021 ESSEX, VT 05452

Owner Information

Owner: BARTLETT/WEAVER FORESTDALE GROUP (N Address: 25 PINECREST DR
 Phone: 64204) ESSEX, VT 05452
 879-0403

Building Description

Risk Index: H1	Smoke Det: Yes	Occupants: 5	Units: 2
Const Type: 5B	CO Detect:	Stand Pipe:	Floors: 2
Occ Type: R3	Fire Alarm:	Sprinkler:	Sq Feet: 3012
Heating: Gas			

Project Description

Name: Inspection 48 (#55A) - February 2013
 Type: Building Project Received: 02/05/2013 Workitem Id: 344351
 Comment: James & Susan Merrill/802-735-3421 (cell)

Inspection Detail

Insp Date: 02/12/2013 Insp Type: Initial Violations:
 Comply By: 02/12/2013 Occ Granted: Yes Hazard Index: Level 1
 Inspector: TODD COSGROVE (S 91232)

Violations and Notes

I met with Jim Merrill at 48 Partridge Drive, in Essex for a Change of Ownership inspection. Monte Mason, State Electrical Inspector accompanied me on this inspection and will issue a separate Electrical Inspection Report.

Egress windows measured 36"w x 26"h = 6.5 Sq Ft which exceeds the 5.0 Sq Ft code required opening.

No Violations were noted.

This inspection was assigned Hazard Index of Level 1 and an Occupancy Status of Yes.

Report is Closed.



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY



Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team
 www.vtfiresafety.org

Change of Use or Ownership

Return this completed form and payment to the appropriate Regional Office:

- Williston Regional Office**
 372 Hurricane Lane, Suite 102,
 Williston, VT 05495
 Phone: 802-879-2300 Fax 879-2312
- Barre Regional Office**
 1311 US Route 302, Suite 500,
 Barre, VT 05641
 Phone: 802-479-4434 Fax 479-4446
- Rutland Regional Office**
 56 Howe Street Building A Suite 200,
 Rutland, VT 05701
 Phone: 802-786-5867 Fax 786-5872
- Springfield Regional Office**
 100 Mineral Street, Suite 307,
 Springfield, VT 05156
 Phone: 802-885-8883 Fax 885-8885

Name of Building or Association: _____

Physical Location: 48 Partridge Dr. - Essex VT
 (9-1-1 Address) Number and Street Name, City/Town, Zip Code

Unit Number or Letter: 48 Number of Units in Building: 2

Building Number or Letter: _____

List other unit numbers/letters: _____
 (within building)

Building Owner Name: Jim & Sue Merrill

Owner Mailing Address: 48 Partridge Dr. - Essex VT

Owner Phone Number: 802-879-1788

Inspection Requested by: _____

Fee: \$125 – Please make check payable to: Department of Public Safety

* FOR OFFICE USE ONLY *			
Site#	Project#		
Received Date	Check #	Amount	Inspector
	Check From		

