	Town of Essex, Vermont	
Appeal Period Expires 7/18/13 Zoning District MXD-Res + B-DC	**Application for Zoning Permit** www.essex.org	Application Date __/__/__ Permit Number 2013-108

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 X _____

A

Parcel Account Numb. (Map-Parcel-Lot) 2- 091-001-005
(found in Town Assessor's Office)
Property Address: 5 Carmichael Street Ste 101
Owner: HD Homestead Design.
Owner Address: 8 Carmichael St #101
Owner Phone: (work) 861-2900 (home) _____
Marye (cell) _____ (Email) _____
~~Contractors name~~ Affiliated Assoc. Phone: _____
Tenant Cell: _____

Estimated Construction Dates: Start: __/__/__ Completion: __/__/__
Sq. Feet: _____ Estimated Cost (labor & materials): $ _____

B

Sewage Disposal (Please attach Sewer or Septic Application).

Public ☐ Private ☐ Connection Fee $ _____ Date Paid: __/__/__
Proposed New Bedrooms: ____ Existing Bedrooms ____

C

Water (Please attach Water Service Application).

Public ☐ Private ☐ Fee $ _____ Date Paid: __/__/__

D

Driveway (Please attach copy of approved Curbcut / Utility Application).
Date of approval __/__/__

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 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.)

Sign Sample has been sent to Sharon via email Use Permit

G

Signature of Tenant and
Signature of Owner

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 ☐ ☐ ☐
Two-family (duplex)(other) ☐ ☐ ☐
Multi-family ☐ ☐ ☐
Condominium / Townhouse ☐ ☐ ☐
Mobile home ☐ ☐ ☐

Inclusions or Additions:
Garage (attached) (detached) ☐ ☐ ☐
Porch (enclosed) (open) ☐ ☐ ☐
Deck ☐ ☐ ☐
Pool (in) (above) ground ☐ ☐ ☐
Shed ☐ ☐ ☐
Barn (residential) (agriculture) ☐ ☐ ☐

Non-residential:
Commercial / Industrial ☐ ☐ ☐

Stormwater:
Stormwater ☐ ☐ ☐
Erosion Control ☐ ☐ ☐
Other: Affiliated Assoc.
Change in use ☐ ☐ ☐
Miscellaneous ☐ ☐ ☐
Renewal ☐ ☐ ☐

Office Use Only

Fees: Type Amount Date Pd
Permit $85.00 7/3/13
Recreation $ __/__/__
Recording $20.00 7/3/13
Certificate of Occ $75.00 7/3/13
Other $ _____ __/__/__

Building Permit
Approved ☑ Rejected ☐ Date 7/3/13
Issued to: HDi : Affiliated Associates
Zoning Administrator: Sharon L. Kelley
Notes: _____
_____
_____

C.O. Required Yes ☑ No ☐

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

(web) 11/02/10

emailed to Sharon.

The description of the business is as follows:

Affiliated Associates is an insurance brokerage offering plans to individuals and businesses. Copied in the same building is Healthy Dollars a third party administrator of Healthy Dollars a third party administration of Flexible Spending accounts and health Savings accounts.