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|---------------------------------------|--|--------------------------------|
| Appeal Period Expires <u>10/12/12</u> | <b>Town of Essex, Vermont</b><br><b>Application for Zoning Permit</b><br>www.essex.org | Application Date <u>1/1/12</u> |
| Zoning District <u>B1</u>             |  | Permit Number <u>2012-198</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]

|   |  |                          |                          |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
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| <p><b>A</b> Parcel Account Numb. (Map-Parcel-Lot) 2- <u>047-005-313</u><br/>(found in Town Assessor's Office)<br/>Property Address <u>42 Suite Wilson Road Suite #313</u><br/>Owner: <u>The Wilson Inn</u><br/>Owner Address: <u>Regre Villemarec 10 Helleberg Rd Suite 351</u><br/>Owner Phone: (work) <u>802 878 3060</u> (home) <u>SAME</u><br/>(cell) <u>802 578 8263</u> (Email) _____<br/>Contractors name: <u>S.D. IRELAND</u> Phone: <u>802 863 6222</u><br/>Cell: _____<br/>Estimated Construction Dates: Start: <u>10/1/2012</u> Completion: <u>10/1/2013</u><br/>Sq. Feet <u>62000</u> Estimated Cost (labor &amp; materials): <u>\$5,100,000</u></p> <p><b>B</b> Sewage Disposal (Please attach Sewer or Septic Application). <u>see paid #</u><br/>Public <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>2012-160</u><br/>Proposed New Bedrooms <u>1</u> Existing Bedrooms _____</p> <p><b>C</b> Water (Please attach Water Service Application). <u>11/1</u><br/>Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fee \$ _____ Date Paid: <u>1/1</u></p> <p><b>D</b> Driveway (Please attach copy of approved Curbcut / Utility Application).<br/>Date of approval <u>1/1</u> <u>SEE PLAN</u></p> <p><b>E</b> Stormwater<br/><input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.<br/><input type="checkbox"/> 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.</p> <p><b>F</b> 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.)<br/><u>(SEE PLAN) TO BE BUILT</u><br/><u>LAMOREUX &amp; DICKINSON</u><br/><u>DATED 7/31/12</u><br/><u>per request to planning</u><br/><u>commission approved</u><br/><u>PC: 200742</u><br/><u>2006-27</u></p> <p><b>G</b> Signature of Tenant and Signature of Owner <u>[Signature]</u></p> | <p style="text-align: center;"><b>G</b></p> <p>Check box(es) which describe proposed use or construction (circle choice in parenthesis).<br/>N = New A = Addition R = Remodel</p> <table style="width:100%;"> <tr> <td><i>Residential:</i></td> <td>N</td> <td>A</td> <td>R</td> </tr> <tr> <td>Single Family</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Two-family (duplex)(other)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multi-family <u>Balcony + underground parking</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Condominium / Townhouse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobile home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Inclusions or Additions:</i> <u>underground</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage (attached) (detached)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Porch (enclosed) (open)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Deck</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pool (in) (above) ground</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Barn (residential) (agriculture)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Non-residential:</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commercial / Industrial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Stormwater:</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stormwater</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Erosion Control <u>SEE PLAN</u></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><i>Other:</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Change in use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Miscellaneous</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Renewal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;"><b>Office Use Only</b></p> <table style="width:100%;"> <tr> <td>Fees:</td> <td>Type</td> <td>Amount</td> <td>Date Pd</td> </tr> <tr> <td>Permit</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Recreation</td> <td></td> <td>\$</td> <td><u>pc w/ permit</u></td> </tr> <tr> <td>Recording</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>Certificate of Occ</td> <td></td> <td>\$</td> <td><u># 2012-160</u></td> </tr> <tr> <td>Other</td> <td></td> <td>\$</td> <td></td> </tr> </table> <p style="text-align: center;"><b>Building Permit</b></p> <p>Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>9/27/12</u></p> <p>Issued to: <u>The Wilson Inn Inc</u></p> <p>Zoning Administrator: <u>[Signature]</u></p> <p>Notes: _____</p> <p>C.O. Required Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <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 <u>Balcony + underground parking</u> | <input checked="" 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> <u>underground</u> |  |  |  | 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 <u>SEE PLAN</u> | <input checked="" 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"/> | Fees: | Type | Amount | Date Pd | Permit |  | \$ |  | Recreation |  | \$ | <u>pc w/ permit</u> | Recording |  | \$ |  | Certificate of Occ |  | \$ | <u># 2012-160</u> | Other |  | \$ |  |
| <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 <u>Balcony + underground parking</u>   | <input checked="" 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> <u>underground</u>  |  |                          |                          |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| 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 <u>SEE PLAN</u>   | <input checked="" 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"/> |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| Fees:   | Type   | Amount                   | Date Pd                  |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| Permit  |  | \$                       |                          |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| Recreation  |  | \$                       | <u>pc w/ permit</u>      |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| Recording   |  | \$                       |                          |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| Certificate of Occ  |  | \$                       | <u># 2012-160</u>        |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |
| Other   |  | \$                       |                          |   |   |               |                          |                          |                          |                            |                          |                          |                          |   |                                     |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |  |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                          |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                                 |                                     |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |       |      |        |         |        |  |    |  |            |  |    |                     |           |  |    |  |                    |  |    |                   |       |  |    |  |

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