

Appeal Period Expires <u>10/12/12</u> Zoning District <u>B1</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date _____ Permit Number <u>2012-195</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.

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>047-005-310</u> <small>(found in Town Assessor's Office)</small> Property Address <u>42 Suite Wilson Road Suite #310</u> Owner: <u>The Wilson Inc</u> Owner Address: <u>Rprr Villermare 10 Kellogg Rd Suite 351</u> Owner Phone: (work) <u>802 8783060</u> (home) <u>SAME</u> (cell) <u>802 5788263</u> (Email) _____ Contractors name: <u>S.D. IRELAND</u> Phone: <u>802 8636222</u> Cell: _____ Estimated Construction Dates: Start: <u>10/1/2012</u> Completion: <u>10/1/2013</u> Sq. Feet <u>62000</u> Estimated Cost (labor & materials): <u>\$5,100,000</u>
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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: ___/___/___ Proposed New Bedrooms ___ Existing Bedrooms ___
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C	Water (Please attach Water Service Application). Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Fee \$ _____ Date Paid: ___/___/___
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D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval ___/___/___ <u>SEE PLAN</u>
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E	Stormwater <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 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.
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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>(SEE PLAN) TO BE CONSTRUCTED</u> <u>LAMOREUX & DICKINSON</u> Pursuant to Planning Commission Approval <u>DATED 7/31/12</u> # PC: 2007-42 <u>+ 2006-23</u>
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G	Signature of Tenant and Signature of Owner <u>[Signature]</u>
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Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel																																																																																								
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Office Use Only			
Fees:	Type	Amount	Date Pd
Permit		\$	1/31
Recreation		\$	1/31
Recording		\$	
Certificate of Occ		\$	# 2012-160
Other		\$	
Building Permit			
Approved	<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>
Date	9/27/12		
Issued to:	<u>The Wilson Inc</u>		
Zoning Administrator:	<u>[Signature]</u>		
Notes:			
C.O. Required		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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