

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 <u>2012-1-70</u> Permit Number _____
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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>047-005-207</u> <small>(found in Town Assessor's Office)</small> Property Address <u>42 Susie Wilson Road Suite # 207</u> Owner: <u>The Wilsons Inc</u> Owner Address: <u>Rte 101, Suite 351, Vergennes, VT</u> Owner Phone: (work) <u>802 878 3060</u> (home) <u>SAME</u> (cell) <u>802 578 8263</u> (Email) _____ Contractors name: <u>S.D. IRELAND</u> Phone: <u>802 863 6222</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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Check box(es) which describe proposed use or construction (circle choice in parenthesis). N = New A = Addition R = Remodel																																																																																								
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B	Sewage Disposal (Please attach Sewer or Septic Application). <i>see permit # 2012-160</i> Public <input checked="" type="checkbox"/> Private <input checked="" type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>1/1</u> Proposed New Bedrooms <u>2</u> 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: <u>1/1</u>
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D	Driveway (Please attach copy of approved Curbcut / Utility Application). Date of approval <u>1/1</u> <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.) <i>(SEE PLAN)</i> <u>LAMOREUX & DIORINSON</u> <i>to be constructed pursuant to planning commission approval</i> <u>DATED 7/31/12</u> <i>PERMISSION APPROVED</i> <u># PC: 200742</u> <i>F</i> <u>\$200623</u>
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G	Signature of Tenant and Signature of Owner: <u>[Signature]</u>
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Office Use Only			
Fees	Type	Amount	Date Pd
Permit		\$ _____	<u>1/1</u>
Recreation		\$ <u>per permit</u>	
Recording		\$ _____	
Certificate of Occ.		\$ _____	
Other		\$ <u># 2012-160</u>	
Building Permit Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>9/27/12</u>			
Issued to: <u>The Wilson Jan 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

(web) 11/02/10