

Appeal Period Expires 4/19/12
 Zoning District B1

Town of Essex, Vermont
Application for Zoning Permit
 www.essex.org

Application Date 1/1
 Permit Number 2012-35

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) 2-047-001-002
 (found in Town Assessor's Office)
 Property Address: 26 Susie Wilson Rd Unit B
 Owner: 26 Susie Wilson LLC (Jim Ewing)
 Owner Address: _____
 Owner Phone: (work) 802 878-0110 (home) _____
 (cell) 802 863-2707 (Email) _____
 Contractors name: Robert Dockstader Phone: 802-876-7849
 Cell: _____
 Estimated Construction Dates: Start: 3/12 Completion: 4/9/12
 Sq. Feet: 1,100 Estimated Cost (labor & materials): \$ _____

B Sewage Disposal (Please attach Sewer or Septic Application).
 Public Private Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application).
 Public Private Fee \$ _____ Date Paid: 1/1

D Driveway (Please attach copy of approved Curbcut / Utility Application).
 Date of approval 1/1

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 1/2 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.)
The Applicant will be utilizing the same unit as the former hairdressor however, will reduce the number of chairs from 5 to 4.
[Signature]

G Signature of Tenant and Signature of Owner
[Signature]

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input 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"/>
Inclusions or Additions:			
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"/>
Non-residential:			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater:			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Change-in use <i>hair-salon</i>	<input checked="" 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"/>

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		\$ <u>85.00</u>	<u>4/13/12</u>
Recreation		\$ _____	<u>1/1</u>
Recording		\$ _____	<u>1/1</u>
Certificate of Occ.		\$ <u>10.00</u>	<u>4/13/12</u>
Other		\$ _____	<u>1/1</u>

Building Permit
 Approved Rejected Date 4/11/12
 Issued to: 26 Susie Wilson LLC *mid*
Robert Dockstader
 Zoning Administrator: Sharon L Kelley
 Notes: _____
 C.O. Required: Yes No

(web) 11/02/10

Sharon Kelley

From: Robert Dockstader <scherdiva@gmail.com>
Sent: Monday, April 09, 2012 11:21 AM
To: Sharon Kelley
Subject: Scherdiva Salon

Hi Sharon,
I just wanted to send you this email describing my business.

We are a 4 chair salon located at 26 Susie Wilson Rd Suite B. The space was a salon prior to this called Scarlet O'Haira which was a 5 chair salon so we have reduced it by one. We offer general hair services typical of most salons in the area. Our hours of operation as of now are:

Mon 9-7
Tues 9-5
Wed 9-5
Thurs 9-7
Fri 9-7
Sat 9-7
Sun 9-2

These hours may change in the future as we have more stylists here. Currently there are only two stylists. Myself and my husband.

If you need any further information please feel free to let me know.

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Sincerely,
Robert Dockstader
Owner/Hair Designer/Colorist
Scherdiva Salon
www.scherdivasaloon.com
scherdiva@gmail.com