

Appeal Period Expires 7/6/12 Town of Essex, Vermont Application Date 1/1
 Zoning District CTR x B-DC Application for Zoning Permit Permit Number 2012-88
 www.essex.org

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: _____

A Parcel Account Numb. (Map-Parcel-Lot) 2- 058-049-000
 (found in Town Assessor's Office)
 Property Address : 111 CENTER ROAD, ESSEX, VT
 Owner: KEVIN MACY + ANN H.
 Owner Address: 113 CENTER ROAD, ESSEX, VT
 Owner Phone: (work) 802-879-6050 (home) _____
 (cell) _____ (Email) _____
~~Contractors name:~~ N/A Phone: 876-7284
Young Sook Chung *Cell: 646-251-9726
 Estimated Construction Dates: Start: N/A Completion: 1/1
 Sq. Feet: existing Estimated Cost (labor & materials): \$ _____

G

Check box(es) which describe proposed use or construction (circle choice in parenthesis).
 N = New A = Addition R = Remodel

<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	<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"/>
<i>Inclusions or Additions:</i>			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
Change in use <i>OWNER + operator change in business</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"/>

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

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

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

E Stormwater N/A
 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.)
NO CHANGE TO THE EXISTING STRUCTURE

G Signature of Tenant and Signature of Owner Kevin Macy

Office Use Only

Fees	Type	Amount	Date Pd
Permit		\$100.00	6/7/12
Recreation		\$	1/1
Recording		\$20.00	6/7/12
Certificate of Occ		\$75.00	6/7/12
Other		\$	1/1

Building Permit Approved Rejected Date 6/21/12
 Issued to: Kevin + Ann Macy
 Zoning Administrator: Shirley Kelly
 Notes: NOT APPROVED FOR OVERNIGHT USE.
 C.O. Required Yes No

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

(web) 11/02/10

Evergreen Therapy Massage LLC

Manager Town Zoning

Ms. Sharon Kelley

Hello,

*Ms. Chung stated
she was the owner
& operator of business.*

My name is Young Sook Chung. I am working in the Sun Massage at 111 Center Road I shall become operator of the Evergreen Therapy Massage that shall replace Sun Massage, Inc. operating at the premises now.

Property information:

Location: 111 Center Rd. Essex Town, VT (the pre 911 address listed on the waste water permit is 113 Center Rd.)

Owner: Kevin @ Ann Macy

Previous Use: The same; Massage establishment.

Massage Therapy with 2 massage therapists & 1 business manager serving maximum of 10 customers per day.

Hours of operation: 9 am to 9 pm

Modification to existing structure.

None . It will be of the same dimension, same color, only the name will change reflecting new name.

The sign description: the circle 3 ft in diameter, painted ~~white~~ ^{green gold} with ~~black~~ letters.