

10/1/11

Appeal Period Expires <u>12/6/11</u>	Town of Essex, Vermont	Application Date <u>10/1/11</u>
Zoning District <u>I</u>	Application for Zoning Permit	Permit Number <u>2011-185</u>
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: [Signature]

Parcel Account Numb. (Map-Parcel-Lot) 2-053-004-020
(found in Town Assessor's Office)

Property Address: 20 E Morse Dr

Owner: Brad Morse

Owner Address: 9 Morse Dr

Owner Phone: (work) (home)
(cell) 734-6969 (Email) omfjc

Contractors name: Joe Hart Phone: 879-1749
Bay State Elevator Cell: 343-6271

Estimated Construction Dates: Start: 10/1/11 Completion: 11/1/11

Sq. Feet: 2250 Estimated Cost (labor & materials): \$20,000

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 <u>Bay State Elevator</u>	<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).

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

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.)

See reverse →

G Signature of Tenant and Signature of Owner

[Signature]
[Signature]

Office Use Only

Fees:	Type	Amount	Date Pd.
Permit		\$ <u>85</u>	<u>11/22/11</u>
Recreation		\$ <u> </u>	<u> </u>
Recording		\$ <u>10</u>	<u>11/22/11</u>
Certificate of Occ		\$ <u> </u>	<u> </u>
Other		\$ <u> </u>	<u> </u>

Building Permit

Approved Rejected Date 11/22/11

Issued to: Brad Morse Bay State Elevator

Zoning Administrator: [Signature]

Notes: Co. done with original permit issued to Brad for renovations.

C.O. Required Yes No

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

Sharon Kelley

From: Patricia Yamin <pyamin@bseco.com>
Sent: Thursday, October 27, 2011 11:33 AM
To: Sharon Kelley
Cc: Phyllis Ostrowsky; Joe Hart
Subject: RE: Bay Sate Elevator - Essex Junction VT

Phyllis,

Please make out a check to cover this.

Sharon,

Bay State Elevator Company has been in business since 1908. We have two main offices. One that is located in Agawam Massachusetts and one in Dalton Massachusetts. Our Vermont office will be located at 20 Morse Drive and will be a satellite office. Used as the local office for field staff, management and sales staff to conduct business. There will be 7 (management, supervisory, sales and laborer) employees working out of that office as well as approximately 10 field employees. Our hours of operation are 8 AM – 4:30 PM, Monday through Friday. Our business involves installation, modernize and service of vertical transportation equipment of all kinds.

Please let me know if you need anything else.

Thanks,
Pat

From: Sharon Kelley [mailto:skelley@ESSEX.ORG]
Sent: Thursday, October 27, 2011 10:50 AM
To: 'Patricia Yamin'
Cc: Sharon Kelley
Subject: RE: xxxx Possible SPAM xxxx Bay Sate Elevator - Essex Junction VT

Thanks for the inquiry.

The check should be payable to Town of Essex. I will need a brief description, i.e. days/hours of operation, number of employees and a blurb on how your business is operated.

thanks!

SK

From: Patricia Yamin [mailto:pyamin@bseco.com]
Sent: Thursday, October 27, 2011 8:26 AM
To: Sharon Kelley
Cc: Joe Hart; Phyllis Ostrowsky
Subject: xxxx Possible SPAM xxxx Bay Sate Elevator - Essex Junction VT

Good morning Sharon,

It has been requested that I contact you regarding questions and a payment you need made.

Our business (Bay State Elevator Co or Elevator Sales and Service) is moving from 18A to 20 Morse Drive, Essex Junction VT and will be called (Bay State Elevator Co). if there is an established profile for us at 18A Morse Drive, please use that for description, employees and hours of business. If not just let me know.

I understand that you need a payment of \$95.00. What is this for and who should it be made out to? Feel free to contact me if needed, at 413-439-1731.

Thanks,
Pat