

Appeal Period Expires 04/06/10
 Zoning District MXDC

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

Application Date 1/1
 Permit Number 2010-17

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 and it must remain posted throughout the construction period.
 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.
 Occupancy of the premises shall not take place until a Certificate of Occupancy is obtained.
 Approval is subject to accuracy of information provided by the applicant.

A

Parcel Account Num. (Map-Parcel-Lot) 2-091-005-000
 (found in Town Assessor's Office)
 Property Address: 21 CARMICHAEL ST, SUITE 202
 Owner: TOWN MEADOW LLC c/o DOUSEVIZ, INC.
 Owner Address: Unit #1, 56 WEST TWIN DAKSTER, So. BURLINGTON
 Owner Phone: (work) 800-7315 (home) _____
 (cell) _____ (Email) brad@douseviz.com
 Contractor's name: RUSTY CLIPPER Phone: 800-7315
 applicant
 Cell: _____
 Estimated Construction Dates: Start: 2/26/10 Completion: 4/26/10
 Sq. Feet: 620 Estimated Cost (labor & materials): \$15,470

B

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

C

Water (Please attach Water Service Application). ** see notes*
 Public Private Fee \$ meter 150. Date Paid: 1/1

D

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

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.)
reference PC Approval 2008-32

G

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 checked="" 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	<input 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"/>

Fit up Hair Salon

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>100.</u>	<u>3/9/10</u> <i>SK</i>
	School	\$ _____	<u>1/1</u>
	Recreation	\$ _____	<u>1/1</u>
	Recording	\$ <u>20.</u>	<u>3/9/10</u> <i>SK</i>
	Other	\$ <u>75.</u>	<u>3/9/10</u>

Building Permit
 Approved Rejected Date 03/22/10
 Issued to: _____
 Zoning Administrator: Sharon Kelley
 Notes: ** signed water/sewer fees paid when 'shell' permit issued in Douseviz, town meadow*
 C.O. Required Yes No

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

(web) 01/25/06

Town of Essex
Application for Water Service

2010-17

SUITE 202
(150 GPO)

Revised July 2007

The undersigned, being the owner / owner's agent of the property located at:

Street Address: 21 CARMICHAEL ST, SUITE 202 Development: Town Meadow

Tax Map # 09L Tax Parcel 005 Tax Lot 000

(Salon)
3 chairs

Does hereby request a permit to initiate water service as noted below to
serve _____ unit(s) Residential Commercial Industrial structure

Installer / Contractor:

Property Owner:

Name: OMEGA EXCAVATION

Name: TOWN MEADOW LLC CLO DOUSEVICK, INC.

Address: WILMINGTON, VT

Address: 50 WEST TOWN OAKS TERR. UNIT #1, SO. BURLINGTON

Phone: 802-0517

Phone: 800-7315

Cell: _____

Cell: _____

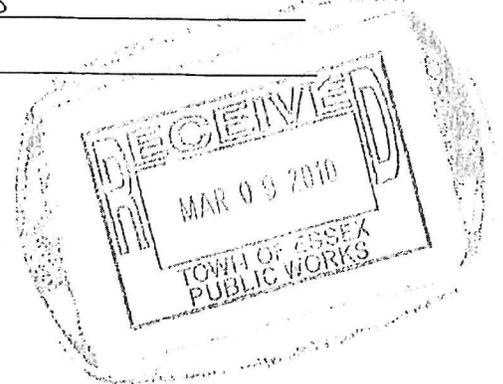
Firm Performing Main Line Tap:

Name: _____

Address: _____

Phone: _____

Cell: _____



- 1.) The above requested service includes the installation of a 3/4" x 5/8" water meter for residential use and up to a 2" simple meter for non-residential use. The information necessary to determine the correct meter size shall be supplied by the applicant (minimum to maximum range of use). Meters 5/8", 3/4" and 1" shall be installed by the Town. Meters above 1" shall be installed by the owner/applicant or qualified representative.
- 2.) Property owner / agent is responsible for and must provide all necessary excavation form the main to the building or structure.
- 3.) Property owner / agent agrees to provide the Town a minimum of 24 hours notice prior to installation for inspection purposes. No part of the water line may be covered until it has been inspected by the Town Representative.
- 4.) Property owner / agent agrees to restore all disturbed areas to original condition after the installation of said water service.
- 5.) The water service can be turned on only by an employee of the Town of Essex Water Department.
- 6.) Meter spacers must be obtained from the Town of Essex Water Department.
- 7.) The owner / agent agrees that all installation and work will conform to the Town Public Works Specifications and the Water Ordinance and Regulations of the Town of Essex.

8.) In consideration of water service supplied by the Town of Essex Water Department, I agree to be responsible for payment of all bills rendered and for all water used by me, my tenants, successors in tenancy or in ownership, and all persons at above locations, unless and until proper notice is given to the Town Water Department of termination of service on a specific date. I also agree to abide by all rules and regulations established by the Essex Water Department.

Signed: Sue Aiken for Dorsey & Co Inc. Date: 02-22-10

PLEASE MAKE CHECK PAYABLE TO TOWN OF ESSEX WATER AND SEWER DEPARTMENT.
DO NOT COMBINE WITH ZONING PERMIT FEE.

All water services are subject to a service initiation fee as set by the Water/Sewer Fee Schedule adopted by the Selectboard. The following fee schedule shall apply to all municipal water connections.

FOR OFFICE USE ONLY: 518 150.00 (meter) 225.00
150 gallons/day x \$ 4.50 = \$ 675.00 + \$1000 = \$ 1675.00
pre-allocated

Connection Fee: \$ 225.00 Rcvd by: SK Date: 3-09-10 Finance Notified

Approved by: _____ Date: _____ Letter Sent Finance Notified

Inspected by: _____ Date: _____ Tie Drawing Finance Notified

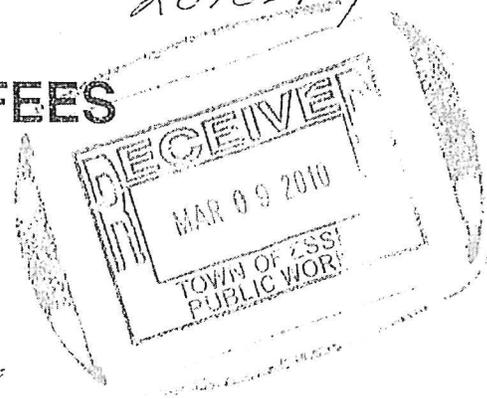
Meter Installed Date: _____

Master List Updated: Approved Inspected Metered

4ea FIXTURES w/ 15 GALLONS PER MINUTE MAX FLOW
 3ea clean sink 50 GPD 150 GPD
5/8" METER

TOWN OF ESSEX WATER/SEWER HOOKUP FEES

2010-17



DATE: 03-09-10

MAP/PARCEL/LOT: 2091005 000

NAME: TOWN MEADOW, LLC

LOCATION: 21 Carmichael Street, Suite 202

<u>G/L A/C #</u>	<u>A/C NAME</u>	<u>AMOUNT</u>
51-34821.000	Water hookup fees - regular	(33) _____
	Other <u>Meter Only</u>	\$ 225.00 5B 150.00
51-35522.000	CAPITAL RESERVE - # of gallons _____ x \$7. = _____	(36) _____
51-35521.000	SEWER CONNECTION FEE	(37) <u>1000.00</u>
35501.000	Special Assessment Reason _____	
TOTAL REC'D		\$ 225.00 5B 150.00

DOUSEVICZ

56 WEST TWIN OAKS TERRACE, UNIT #1
SOUTH BURLINGTON, VT 05403
(802) 860-7315

REMITTANCE ADVICE
Town of Essex
W+S fees

58-6-116

5219

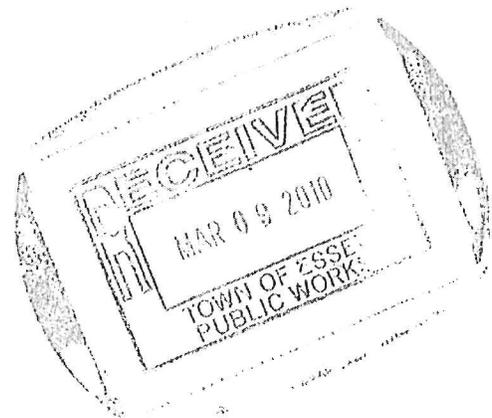
PAY							DOLLARS		Details on back	
DATE	TO THE ORDER OF	CHECK NO.	GROSS DIRECT	GROSS PAYABLE	DISCOUNT	CHECK AMOUNT				
2/19/10	T.O.E. Water & Sewer Dept	5219				450			00	

FOUR HUNDRED FIFTY DOLLARS & 00/100

Chittenden
BANK VERMONT

Bruna B. Marchetti

⑈005219⑈ ⑆011600062⑆ ⑈60⑈00⑈3740⑈4⑈



TOWN OF ESSEX
Water and Sewer Department
Water Meter Worksheet

New Meter Installation Existing Meter Repair
 Remote Reader Installation Existing Meter Inventory
 Final Needed: _____ Final Meter Reading

Account Name: <u>DOUSEVICZ (TOWN MEMBER)</u>		Date: <u>Mar. 19, 2010</u>	Installed By: <u>TM</u>																				
Account Number: _____		Book / Sequence: _____																					
Account Address: <u>21 CARMICHAEL ST. HAIR SALON (SUITE 202)</u>																							
Meter Type	<input checked="" type="checkbox"/> M (Manual Read) <input type="checkbox"/> A (ARB Reader) or (Pro Read) <input checked="" type="checkbox"/> Z (R900 3 Stickers) or <input checked="" type="checkbox"/> (E-Coder) I 2 Stickers)																						
Serial No. (Brass): <u>87665080</u>	<small>5/8 x 3/4</small> 87665080 																						
Serial No. (Head): <u>1830363220</u>	 <small>1830363220</small>																						
MTU No. (Radio Remote): _____																							
Reader Replacement: <input type="checkbox"/> YES <input type="checkbox"/> NO	Meter Register: <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet																						
New Meter Head Serial No.: _____	New Body Serial No.: _____																						
Inside Reading: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">.</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td><td style="width: 20px;">7</td> </tr> </table>	0	0	0	0	0	0	.	0	1	7	Outside Reading: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">.</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>			0	0	0	0	0	.	0	1		
0	0	0	0	0	0	.	0	1	7														
0	0	0	0	0	.	0	1																
Meter Type	<input checked="" type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> Other: _____																						
Type of Pipe	<input checked="" type="checkbox"/> Copper <input type="checkbox"/> Iron <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____																						
Pulled Meter Reading:	Inside: _____ Outside: _____																						

TOWN OF ESSEX
Water and Sewer Department
Water Meter Worksheet

INSTALLERS COMMENTS:

Meters are in the room to the right in the entry hall on the 1st floor
4th meter from the left

INSTALLER: _____

DATE: _____

METER / READER LOCATION SKETCH:

