

Appeal Period Expires <u>2/13/10</u> Zoning District <u>MXDC</u>	Town of Essex, Vermont Application for Zoning Permit www.essex.org	Application Date <u>1/1/10</u> Permit Number <u>2010-3</u>
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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 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 Numb. (Map-Parcel-Lot) 2-091-005-000
 (found in Town Assessor's Office)

Property Address: 21 Carmichael Street

Owner: Estelle & Jeffrey LeClair + Bun Meadow LLC

Owner Address: 120 Towers Rd

Owner Phone: (work) 878 9572 (home) 878 9255
 (cell) 363-2694 (Email) JEFFLECLAIR@COMCAST.NET

Contractors name: LeClair Handyman Service Phone: _____ Cell: 363-2694

Estimated Construction Dates: Start: 2/15/10 Completion: 4/15/10

Sq. Feet: 4168 Estimated Cost (labor & materials): \$ 70800

B Sewage Disposal (Please attach Sewer or Septic Application).

Public Private Connection Fee \$ _____ Date Paid: 1/1/10

Proposed New Bedrooms: _____ Existing Bedrooms _____

C Water (Please attach Water Service Application). Meters Only

Public Private Fee \$ 150.00 Date Paid: 01/18/10

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

Date of approval 1/1/10 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.)

see attached (fit up for physical therapy)
FLOOR PLAN
X

G Signature of Owner Estelle LeClair PT

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 (Fit-up)	<input checked="" 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	<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"/>

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>100.00</u>	<u>01/13/10</u>
	School	\$ _____	<u>1/1/10</u>
	Recreation	\$ _____	<u>1/1/10</u>
	Recording	\$ <u>20.00</u>	<u>01/12/10</u>
	Other	\$ _____	<u>1/1/10</u>

Building Permit

Approved Rejected Date 1/12/10

Issued to: Bun Meadow LLC + Estelle LeClair

Zoning Administrator: Sharon Kelleher

Notes: This does not include fit up to pool

C.O. Required Yes No

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

ROUTE 101
(240 600)

Town of Essex
Application for Water Service

2010-3

Revised July 2007

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

Street Address: 21 Carmichael St Development: Town Meadow

Tax Map # 097 Tax Parcel 005 Tax Lot 000

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: _____

Name: Brad Dousevics d/b/a

Address: _____

Address: Town Meadow LLC

Phone: _____

Phone: _____

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: Paul Dominguez & [Signature] Date: 01-29-10

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:

meter only 150

_____ gallons/day x \$ 4.50 = \$ _____ + \$1,000 = \$ _____

Connection Fee: \$ 150 Rcvd by: [Signature] Date: 1-29-10 Finance Notified

Approved by: _____ Date: ____-____-____ Letter Sent Finance Notified

Inspected by: _____ Date: ____-____-____ Tie Drawing Finance Notified

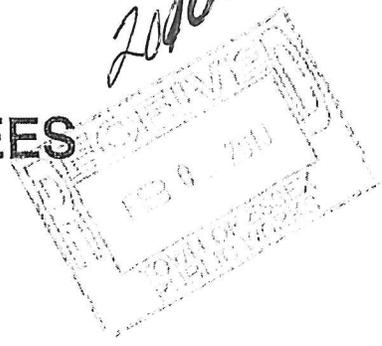
Meter Installed Date: ____-____-____

Master List Updated: Approved Inspected Metered

Jan. 29-10
[Handwritten notes and signatures]

TOWN OF ESSEX WATER/SEWER HOOKUP FEES

2000-3



DATE: 02-09-10

MAP/PARCEL/LOT: 2091005000

NAME: LECLAIR, ESTELLE & JEFFREY &
TOWN MEADOW LLC

LOCATION: 21 CARMICHAEL STREET

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

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>DEUSEVILLZ (Town Member)</u> Date: <u>3-19-10</u> Installed By: <u>TM</u>																						
Account Number: _____	Book / Sequence: _____																					
Account Address: <u>21 CANNONHAF ST. HEALTH CENTER (SUITE 101)</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>51892467</u>	¹ 51892467 																					
Serial No. (Head): <u>1830409185</u>	 1830409185																					
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;">.</td><td style="width: 20px;">2</td><td style="width: 20px;">7</td><td style="width: 20px;">0</td> </tr> </table>	0	0	0	0	0	0	0	.	2	7	0	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;">0</td><td style="width: 20px;">.</td><td style="width: 20px;">2</td><td style="width: 20px;">7</td><td style="width: 20px;"> </td> </tr> </table>	0	0	0	0	0	0	.	2	7	
0	0	0	0	0	0	0	.	2	7	0												
0	0	0	0	0	0	.	2	7														
Meter Type	<input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4" <input checked="" 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

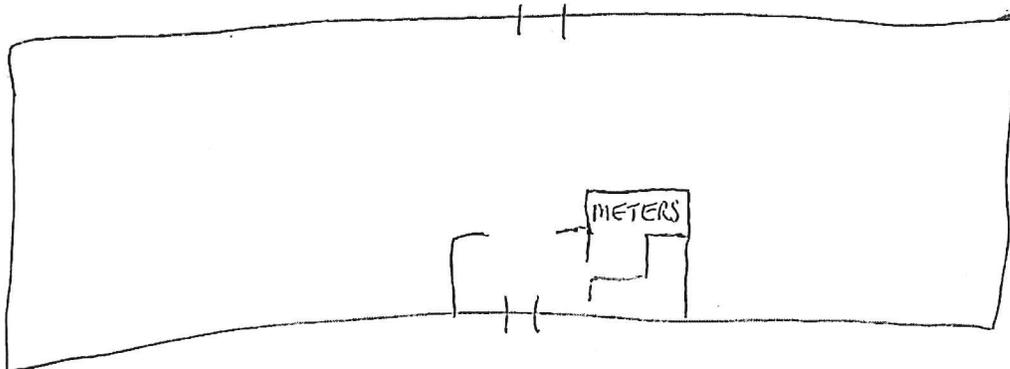
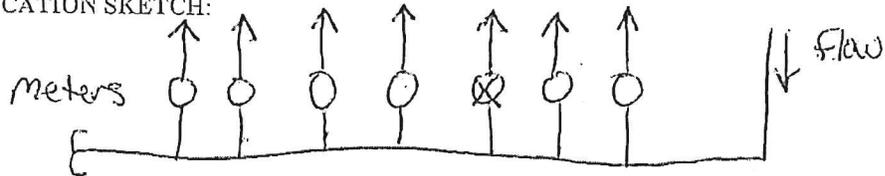
INSTALLERS COMMENTS:

Meters are on the 1st floor in room to the right in entry hall
5th meter from the left

INSTALLER: _____

DATE: _____

METER / READER LOCATION SKETCH:



CARMICHAEL STREET