

Appeal Period Expires 11/19/09
 Zoning District CTR + BDC

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

Application Date 1/1
 Permit Number 2009-154

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- 058-043000
 (found in Town Assessor's Office)
 Property Address: 125 Center St ESSEX
 Owner: K. Reynolds, Raymond H. & Katherine S. Family Trust
 Owner Address: 88 Park St Essex Vt
 Owner Phone: (work) 8782193 (home) _____
 (cell) _____ (Email) _____
 Contractors name: Christopher Bisolle Phone: 802 524 7527
Ramy SACRED SPARROW TATTOO LLC Cell: 871 5091
 Estimated Construction Dates: Start: 1/1 Completion: 1/1
 Sq. Feet: _____ Estimated Cost (labor & materials): \$100

B Sewage Disposal (Please attach Sewer or Septic Application). existing
 Public Private Connection Fee \$ _____ Date Paid: 1/1
 Proposed New Bedrooms: _____ Existing Bedrooms 9

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). existing
 Date of approval 1/1

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.)
OVER

G Signature of Owner Christopher Bisolle

G

Check box(es) which describe proposed use of 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>Body Art Shop (+tattoo)</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"/>

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	\$ <u>85</u>	<u>11/4/09</u> SK
	School	\$ _____	<u>1/1</u>
	Recreation	\$ _____	<u>1/1</u>
	Recording	\$ <u>20</u>	<u>11/1/09</u> SK
	Other	\$ <u>75</u>	<u>11/1/09</u>

Building Permit
 Approved Rejected Date 11/4/09
 Issued to: Reynolds + Bisolle
 Zoning Administrator: Sharon Kelley
 Notes: Personal Services Establishment - permitted use in ctr.
instructed to contact st. dt

C.O. Required Yes No

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

(web) 01/25/06

ALL TATTOOING IS BY APPOINTMENT ONLY SO TRAFFIC WILL BE MINIMAL.

MAXIMUM 3 CLIENTS PER DAY FOR TATTOOING.

NAIL DOOR

BATH ROOM

CLEAN ROOM

WORK AREA

SEATS

COUNTER

side door

BAY WINDOW

FRONT DOOR

BAY WINDOW

