

|                                                                   |                                                                                        |                                                                   |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Appeal Period Expires <u>9/29/08</u><br>Zoning District <u>R2</u> | <b>Town of Essex, Vermont</b><br><b>Application for Zoning Permit</b><br>www.essex.org | Application Date <u>09/12/08</u><br>Permit Number <u>2008-127</u> |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------|---------|---------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|---------------------------------|--|--|--|------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--|--|--|-------------------------|--------------------------|--------------------------|--------------------------|--------------------|--|--|--|------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|---------------|--|--|--|---------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|
| <div style="border: 1px solid black; padding: 5px;"> <b>Parcel Account Numb. (Map-Parcel-Lot) 2-</b> <u>048-021-003</u><br/> <small>(found in Town Assessor's Office)</small><br/> <b>Property Address:</b> <u>86 Pinecrest Dr IC Essex, VT 05452</u><br/> <b>Owner:</b> <u>Kris Nicky Garrow</u><br/> <b>Owner Address:</b> <u>86 Pinecrest Dr IC Essex, VT 05452</u><br/> <b>Owner Phone:</b> (work) <u>847-1950</u> (home) <u>876-7439</u><br/>         (cell) <u>752-7986</u> (Email) <u>ngreene119@hotmail.com</u><br/> <b>Contractors name:</b> <u>Andrew Pearce</u> Phone: <u>527-7034</u><br/>         Cell: _____<br/> <b>Estimated Construction Dates:</b> Start: <u>9/29/08</u> Completion: <u>9/29/08</u><br/> <b>Sq. Feet:</b> <u>160</u> <b>Estimated Cost (labor &amp; materials):</b> \$ <u>600.00</u> </div> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>G</b> </div> <p>Check box(es) which describe proposed use or construction (circle choice in parenthesis).</p> <p style="text-align: center;">N = New A = Addition R = Remodel</p> <table style="width: 100%;"> <tr> <td><b>Residential:</b></td> <td>N</td> <td>A</td> <td>R</td> </tr> <tr> <td>Single Family</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Two-family (duplex)(other)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multi-family</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Condominium / Townhouse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobile home</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Inclusions or Additions:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage (attached) (detached)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Porch (enclosed) (open)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Deck</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pool (in) (above) ground</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Shed</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Barn (residential) (agriculture)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Non-residential:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commercial / Industrial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Stormwater:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stormwater</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Erosion Control</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><b>Other:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Change in use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Miscellaneous</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Renewal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <b>Residential:</b>                 | 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"/> | <b>Inclusions or Additions:</b> |  |  |  | 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 checked="" 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"/> | <b>Non-residential:</b> |  |  |  | Commercial / Industrial | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Stormwater:</b> |  |  |  | Stormwater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Erosion Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>Other:</b> |  |  |  | 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"/> |
| <b>Residential:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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"/> |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>Inclusions or Additions:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| 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 checked="" 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"/> |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>Non-residential:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Commercial / Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>Stormwater:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Stormwater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Erosion Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/> |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <b>Other:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| 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"/> |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <div style="border: 1px solid black; padding: 5px;"> <b>B Sewage Disposal</b> (Please attach Sewer or Septic Application).<br/>         Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Connection Fee \$ _____ Date Paid: <u>1/1/</u><br/>         Proposed New Bedrooms: _____ Existing Bedrooms: <u>N/A</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <div style="border: 1px solid black; padding: 5px;"> <b>C Water</b> (Please attach Water Service Application).<br/>         Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Fee \$ _____ Date Paid: <u>1/1/</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <div style="border: 1px solid black; padding: 5px;"> <b>D Driveway</b> (Please attach copy of approved Curbcut / Utility Application).<br/>         Date of approval <u>1/1/</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <div style="border: 1px solid black; padding: 5px;"> <b>E Stormwater</b><br/> <input type="checkbox"/> Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.<br/> <input type="checkbox"/> 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.         </div>                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <div style="border: 1px solid black; padding: 5px;"> <b>F Diagram</b> – 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.)<br/> <u>Removing patio - replacing with a deck - same footprint (10x16)</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| <div style="border: 1px solid black; padding: 5px;"> <b>G Signature of Owner</b> <u>[Signature]</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="border: 1px solid black; padding: 5px;"> <b>Office Use Only</b><br/> <table style="width: 100%;"> <tr> <td>Fees:</td> <td>Type</td> <td>Amount</td> <td>Date Pd</td> </tr> <tr> <td></td> <td>Permit</td> <td>\$ <u>50.00</u></td> <td><u>09/12/08</u></td> </tr> <tr> <td></td> <td>School</td> <td>\$ _____</td> <td><u>1/1/</u></td> </tr> <tr> <td></td> <td>Recreation</td> <td>\$ _____</td> <td><u>1/1/</u></td> </tr> <tr> <td></td> <td>Recording</td> <td>\$ <u>8.00</u></td> <td><u>09/12/08</u></td> </tr> <tr> <td></td> <td>Other</td> <td>\$ _____</td> <td><u>1/1/</u></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Building Permit</b><br/>           Approved <input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Date <u>9/12/08</u><br/>           Issued to: <u>Kristopher J. V. Nichols</u><br/>           Zoning Administrator: <u>Sharon L. Kelley</u><br/>           Notes: <u>Small addition</u><br/> <u>Removal of patio</u><br/> <u>Deck</u> </div> <div style="margin-top: 5px;">             C.O. Required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fees:                               | Type                     | Amount | Date Pd |               | Permit                   | \$ <u>50.00</u>          | <u>09/12/08</u>          |                            | School                   | \$ _____                 | <u>1/1/</u>              |              | Recreation               | \$ _____                 | <u>1/1/</u>              |                         | Recording                | \$ <u>8.00</u>           | <u>09/12/08</u>          |             | Other                    | \$ _____                 | <u>1/1/</u>              |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
| Fees:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Amount                              | Date Pd                  |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ <u>50.00</u>                     | <u>09/12/08</u>          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ _____                            | <u>1/1/</u>              |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Recreation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ _____                            | <u>1/1/</u>              |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Recording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ <u>8.00</u>                      | <u>09/12/08</u>          |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ _____                            | <u>1/1/</u>              |        |         |               |                          |                          |                          |                            |                          |                          |                          |              |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |                                 |  |  |  |                              |                          |                          |                          |                         |                          |                          |                          |      |                          |                                     |                          |                          |                          |                          |                          |      |                          |                          |                          |                                  |                          |                          |                          |                         |  |  |  |                         |                          |                          |                          |                    |  |  |  |            |                          |                          |                          |                 |                          |                          |                          |               |  |  |  |               |                          |                          |                          |               |                          |                          |                          |         |                          |                          |                          |

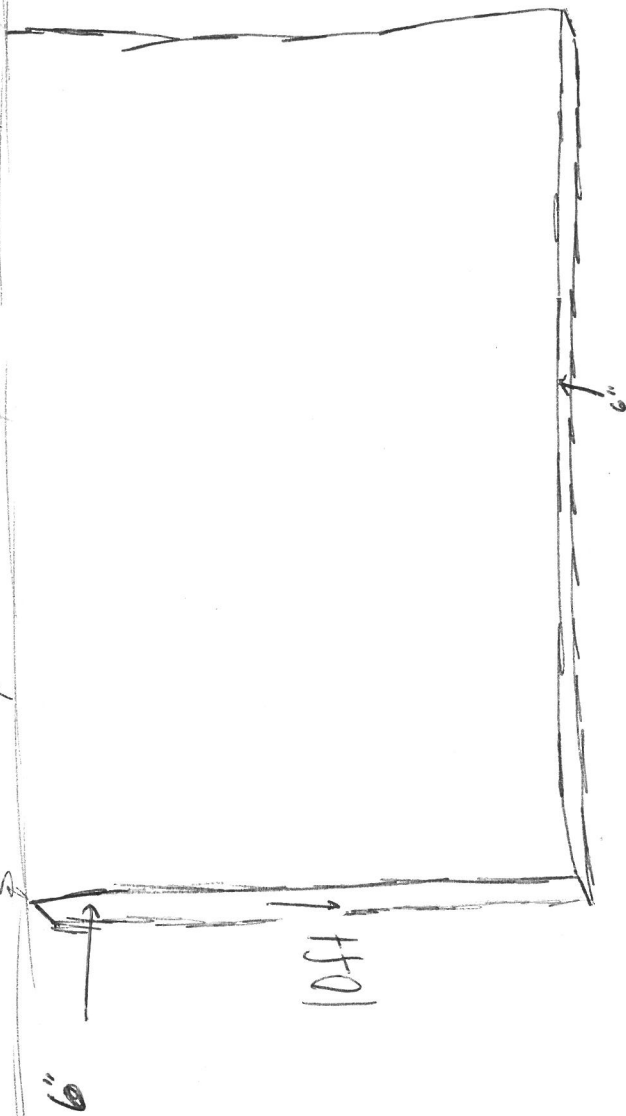
**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE**

(web) 01/25/06

INCREASING

F Diagram - Provide diagram here and include all setbacks

Glass sliding door  
Condo



Royal Parke Association  
86 Pinecrest Drive  
Essex Jct., VT. 05452

Town of Essex Jct.  
Zoning Board  
2 Lincoln St.  
Essex Jct., VT. 05452

August 23, 2008

To whom it may concern,

This letter is to confirm that Kris & Nicky Ganow in unit # 1C is in compliance with the Royal Parke Association regarding the unit's deck. The association does not have any issues with the deck that will be built, per Royal Parke's rules and regulations. Thank you for your time, if there are any questions, please feel free to contact Royal Parke Association President, Russell Miller at 802-878-9742.

Royal Parke's guidelines for a deck....

All deck frames must be built using 2" x 6" pressure treated construction.

All decking must be pressure treated construction.

Decks cannot be attached to the building.

Maximum deck size cannot exceed a 10' W x 20' L

Old decking or patio blocks must be disposed of off Royal Parke property.

All installations are subject to inspection and approval of Royal Parke Association. If inspection does not meet with approval of the association, the unit owner will be responsible to correct the problem at the unit owner's expense or the association may take corrective action and bill the unit owner for any additional expenses.

The continued condition of the deck is the unit owner's responsibility.

Note: A Building Permit is required.

Sincerely,



Russell Miller  
Royal Parke Association President