

Appeal Period Expires <u>6/4/25</u>	<b>Town of Essex, Vermont</b> <b>Application for Zoning Permit</b> (Building Permit)	Application Date <u>5/13/25</u>
Zoning District <u>I1</u>		Permit Number <u>2025-72</u>

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.
- Provide a diagram showing proposal and any easements, well or septic locations, etc.

**SIGN HERE:** informed via phone.

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-072-008-000  
 Property Address : Approx: 75 Thompson Dr. Essex VT  
 Owner: Vermont Adaptive Ski + Sports  
 Owner Address: 77 Alpine Drive Killington, VT 05751  
 Owner Phone: (work) 802-353-3178 (Cell) \_\_\_\_\_  
 (Email) mountainbike@vermontadaptive.org  
 Tenants name: Betsy Hoffmeister Phone: \_\_\_\_\_  
 (or contractor) Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 6/24/25 Completion: 9/23/25  
 Sq. Feet: \_\_\_\_\_ Estimated Cost (labor & materials): \$ \_\_\_\_\_  
Tuesdays 4:30-6:30pm

**B** Sewage Disposal (Please attach Sewer and/or State Septic Approval).  
 Public  Septic  Connection Fee \$ na Date Paid:  / /  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

**C** Water (Please attach Water Service Application if applicable).  
 Public  Well  Fee \$ na Date Paid:  / /

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval :  / / na

**E** Stormwater na  
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.  
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

**F** Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

Signature of Tenant and Signature of Owner See attached  
Cert. of Liability Insurance  
Betsy Hoffmeister

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).  
 N = New A = Addition R = Remodel

<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 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"/>

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ _____	
Recreation		\$ _____	
Recording		\$ _____	
Certificate of Occ		\$ _____	
Other		\$ _____	

**Building Permit**  
 Approved  Rejected  Date 5/20/25  
 Issued to: Vt. Adaptive Ski + Sports  
 Zoning Administrator: Sharon Kelley  
 Notes: \_\_\_\_\_

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE**  
**RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

F Diagram - Provide diagram here and include all setbacks

VT Adaptive would like to host weekly adaptive mountain bike lessons on the trails at Saxton Hill. There will be no more than 8 adaptive riders with their instructors per week.



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED Move United 451 Hungerford Drive Suite 608 Rockville, MD 20850	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Safety Equipment or Precautions: helmets, adaptive bikes, etc  
Event Address: parking 77 thompson drive  
essex, VT 05452

Certificate Holder is included as an Additional Insured as respects to General Liability.