

Appeal Period Expires 7/15/25
 Zoning District MXD-C

Town of Essex, Vermont
Application for Zoning Permit
 (Building Permit)

Application Date 06/27/25
 Permit Number 2025-98

- 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: R. Bove
Rick Bove (Jun 27, 2025 10:00 EDT)

A Parcel Account Numb. (Map-Parcel-Lot) 2-091-001-008
 Property Address: 8 Carmichael Street, Suite 204, Essex, VT
 Owner: Rick Bove HDI Real Estate Inc.
 Owner Address: 218 Overlake Drive, Colchester, VT 05446
 Owner Phone: (work) _____ (Cell) (802) 999-9998
 (Email) rickbove@comcast.net
 Tenants name: Krissie Zambrano, D.B.A. Tigerfly Massage Therapy Phone: (802) 316-8437
 (or contractor) info@tigerflymassage.com Cell: _____
 Estimated Construction Dates: Start: ___/___/___ Completion: ___/___/___
 Sq. Feet: _____ Estimated Cost (labor & materials): \$ _____

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

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

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

E Stormwater
 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

Rick Bove
Rick Bove (Jun 27, 2025 10:00 EDT)

G

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

| | | | |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| <i>Residential:</i> | N | A | R |
| Single Family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Two-family (duplex)(other) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multi-family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Condominium / Townhouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Inclusions or Additions:</i> | | | |
| Garage (attached) (detached) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Porch (enclosed) (open) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deck | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool (in) (above) ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barn (residential) (agriculture) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Office Use Only

| Fees: | Type | Amount | Date Pd |
|--------------------|------|---------------|----------------|
| Permit | | \$ <u>150</u> | <u>6/30/25</u> |
| Recreation | | \$ _____ | |
| Recording | | \$ <u>30</u> | <u>6/30/25</u> |
| Certificate of Occ | | \$ <u>100</u> | <u>6/30/25</u> |
| Other | | \$ _____ | |

Building Permit
 Approved Rejected Date 6/30/25
 Issued to: Rick Bove / Krissie Zambrano
 Zoning Administrator: Sharon Kelley
 Notes: CO: NO YES

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

Tigerfly Massage Therapy Business Plan

- Owner: Krissie Zambrano
- My business is owned and operated by myself only. I have no employees currently.
- This is a commercial space and I average anywhere from 1-6 clients per day.
- I do not use water for the massage itself but I use water to wash my hands, tools, etc.
- There is an oral surgery business and a trauma center on the first floor. There will also be two trauma therapists on the second floor.
- There is a huge parking lot with tons of space for everyone. It is never full.
- Business Hours
 - Monday: 9:00am-6:30pm
 - Tuesday: 9:00am - 8:00pm
 - Wednesday: 9:00am - 5:30pm
 - Thursday: 9:00am-6:30pm
 - Friday: 9:00am - 8:00pm
 - Saturday: 9:00am - 8:00pm
 - Sunday: 9:00am - 8:00pm
- This is a massage therapy business offering 30, 60, 90, or 120-minute sessions for pain relief and/or relaxation. Since I currently work alone I only offer sessions to one client at a time. www.tigerflymassage.com