

Appeal Period Expires 10/9/24  
Zoning District RPD-I

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

Application Date 1/1/  
Permit Number 2024-179

- 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: [Signature]

Parcel Account Num. (Map-Parcel-Lot) 2-072-009-000  
Property Address: 17 THOMPSON DRIVE  
Owner: BLACK BAY VENTURES XIV LLC  
Owner Address: 26 THOMPSON DR. ESSEX Vt. VT  
A Owner Phone: (work) (802) 238-7646 Cell: (802) 238-9646  
(Email) DLOGAN@BLACKBAYVENTURES.COM  
Tenants name: ZLATAN VILJEVIC Phone: (802) 865-9318  
(or contractor) Cell: \_\_\_\_\_  
Estimated Construction Dates: Start: 10/17/24 Completion: 11/11/24  
Sq. Feet: 630 sq' Estimated Cost (labor & materials): \$175K

G

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

Residential:	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusions or Additions:			
Garage (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed <u>ground compressors</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-residential:			
Commercial / Industrial <u>COMPRESSORS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
Change in use	<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 Sewage Disposal (Please attach Sewer and/or State Septic Approval). N/A  
Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1/  
Proposed New Bedrooms: 0 Existing Bedrooms 0

C Water (Please attach Water Service Application if applicable). N/A  
Public  Well  Fee \$ \_\_\_\_\_ Date Paid: 1/1/

D Driveway (Please attach copy of approved Curbcut / Utility Application)  
Date of approval: 1/1/ N/A

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

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

Office Use Only

Fees:	Type	Amount	Date Pd
Permit		<u>\$1050</u>	<u>9/23/24</u>
Recreation		\$ _____	_____/_____/____
Recording		<u>\$ 30</u>	<u>9/23/24</u>
Certificate of Occ.		<u>\$ 100</u>	<u>9/23/24</u>
Other		\$ _____	_____/_____/____

Approved  Building Permit Rejected  Date 9/24/24

Issued to: Black Bay Ventures XIV LLC

Zoning Administrator: Shawn Kelley

Notes: \_\_\_\_\_

[Signature] BLACK BAY Ventures XIV  
see attached  
Signature of Tenant and Signature of Owner

C.O. Required (Certificate of Occupancy) Yes  No

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

