

Appeal Period Expires 10/8/25  
 Zoning District LB

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

Application Date    /   /     
 Permit Number 2015-152

- 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]

**A** Parcel Account Numb. (Map-Parcel-Lot) 2-047-003-000  
 Property Address: 1 David Drive Essex VT  
 Owner: 1 David Dr LLC  
 Owner Address: 42 Susie Wilson RD unit 100 Essex Vt  
 Owner Phone: (work) 902.598.8595 (Cell) \_\_\_\_\_  
 (Email) 502@RockstarVT.com  
 Tenants name: Nathan McApine Phone: \_\_\_\_\_  
 (or contractor) Cell: 902.735.6589  
 Estimated Construction Dates: Start: 10/6/25 Completion: 10/10/25  
 Sq. Feet: \_\_\_\_\_ Estimated Cost (labor & materials): \$10,000.00

**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"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
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).  
 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 ½ 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.

Adding wall and doors.  
See attached diagram

Signature of Tenant and  
 Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>150</u>	<u>   /   /   </u>
Recreation		\$ _____	
Recording		\$ <u>30</u>	<u>9/17/25</u>
Certificate of Occ		\$ <u>100</u>	<u>   /   /   </u>
Other		\$ _____	<u>   /   /   </u>

Approved  Rejected  Date 9/23/25  
 Issued to: 1 David Drive LLC  
 Zoning Administrator: [Signature]  
 Notes: A USE permit is required before occupancy.  
 C.O. Required Yes  No   
 (Certificate of Occupancy)

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

ADMINISTRATIVE SUITES

North side entry

New Door

New Door

New Wall

Bar

Bar

New Entry Door  
to Lab

Removing Door

ENTRY Door

Outside

DAVID DRIVE

