TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ **FEE: $115.00** _____ (includes recording)

MAP/PARCEL/LOT: 064-003-004 **NO.** 2011-39

The undersigned herewith requests an inspection of the premises and the issuance of "Certificate of Occupancy" of premises, or portion thereof, for use or habitation.

[ ] **This request is for use only of existing land or buildings.**

[ ] **This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit #** 2011.39

issued to The Miller Group LLP **on** 4-29-2011.

Premises are at 34 River Rd Essex VT

Water service installation inspected and approved by n/A

Driveway location inspected and approved by n/A

Sanitary sewer connection or septic system inspected and approved by:

Name: n/A **Date:** _____

Construction was begun 5-20, 20 11 **and completed** 5-20, 20 12

Approval granted by DRB ____ **PC** ✓ **ZBA** ____ **on** _____, 20____. reference P.C. approval #2011-9

Use of premises intended Silos
(type of use)

ATF - new Landowner

Applicant's Signature: _____ **Telephone:** 802-488-7937 **Cell:** _____

Email Address: Scott.Brooks@twincraft.com

By issuance of this Occupancy Permit, the Town of Essex Zoning Administrator hereby acknowledges that the use and/or building construction is in complete conformity with the Zoning Regulations, unless otherwise noted. Field measurements and similar dimensions for setbacks are based in part on evidence supplied by owner. The Town of Essex is not liable for errors or mistakes when it is found that information submitted by the applicant is erroneous or inaccurate.

Certificate of Occupancy has been approved with ____ **without** ✓ **conditions.**
If with conditions, see attachment outlining same.

Certificate of Occupancy denied ____. **Please see attachment with reasons for denial.**

4-9-2025 _____
Date **Zoning Administrator**