

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$90.00 pd (includes recording)

MAP/PARCEL/LOT: 2/061-001-057 NO. 2021-113

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 # 2021-113

issued to JAMES W. & SHARON A. BONNING on 6-4-2021

Premises are at 36 Greenbriar Dr

Water service installation inspected and approved by Existing

Driveway location inspected and approved by Existing

Sanitary sewer connection or septic system inspected and approved by reference permit # 53-1976 for 3 bedrooms

Name: Existing Date: _____

Construction was begun _____, 20____ and completed _____, 20____

Approval granted by _____ P.C. or Z.B.A. on N/A, 20____.

Use of premises intended Rebuild - SFT 3 bedroom (modular)
(type of use) unfinished basement

Applicant's Signature: James Bonning Telephone: _____ Cell: 238-5589

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.

2/15/2022
Date Sharon L. Kelley
Zoning Administrator

P & P SEPTIC SERVICE, INC.

P.O. Box 639, Williston, Vermont 05495

Phone 658-6243

56695

TICKET # _____ CUSTOMER # _____

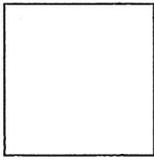
CUSTOMER NAME James Bonning DATE: 8-5-21
 ADDRESS 36 Greenbriar PHONE: _____
Essex TECHNICIAN: Bill

JOB NAME / LOCATION _____ DAY WORK
 OVERTIME

TYPE OF SERVICE PUMPING SERVICE
 AUGER JETTING CAMERA OTHER _____
 TYPE OF TANK CONCRETE PLASTIC OTHER _____
 TYPE OF WASTE GREY WATER SEPTIC GREASE OTHER _____

1000 GALLONS PUMPED RATE 30 COST 300 AMOUNT 300

DESCRIPTION OF WORK
1000 gallon tank at
Normal level.
all Sludge and Toilet Paper
no water in tank,
Truck time + Labor 150
Pump every 3 years!!

	TOTAL MATERIALS		
	TOTAL LABOR		
	VT WASTEWATER FEE	10	10
	TOTAL COST		460

NET 5 DAYS

CHECK # 2435 AMOUNT _____
 CC # _____ EXP. DATE _____
 SIGNATURE _____

WE ACCEPT: VISA MASTERCARD DISCOVER AMEX

CUSTOMER REMINDER CALL EVERY: 2 YRS 3 YRS 4 YRS OTHER _____