

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$115.00 90th 25th due (includes recording)

MAP/PARCEL/LOT: 2-047-003-003 NO. 2021-97

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 # 2021-97

issued to PATCO Properties LLC on 5-19-20

Premises are at 10 David Dr Essex VT

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:

Name: _____ Date: existing

Construction was begun July, 20 21 and completed NOV, 20 21

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

Use of premises intended COMMERCIAL - bathroom (Alcove Room converted)
(type of use)

Applicant's Signature: [Signature] Telephone: _____ Cell 802-316-0136

Email Address: shawnp@agusa.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.

12-1-2021 [Signature]
Date Zoning Administrator