

# TOWN OF ESSEX

## CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: \_\_\_\_\_ FEE: \$90.00 Paid (includes recording)

MAP/PARCEL/LOT: 2-047-004-127 NO. 220-032

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 # 220-032

issued to Dung Dang LLC on 3/4/20

Premises are at 10 Kellogg rd unit 127

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: existing Date: \_\_\_\_\_

Construction was begun Feb, 20 20 and completed March, 20 20

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

Use of premises intended restaurant  
(type of use)

Applicant's Signature: Dung Dang Telephone: 802-999-1986 Cell: \_\_\_\_\_

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.

3-19-2020 Sharon L. Kelley  
Date Zoning Administrator

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.

TO: SAC, NEW YORK  
FROM: SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]



**DIVISION OF FIRE SAFETY**



**FIRE INSPECTION REPORT**

Report Number: \_\_\_\_\_  
Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Item	Code	Description	Remarks
1	101	Exit Signs	None
2	102	Exit Routes	Clear
3	103	Fire Extinguishers	1
4	104	Fire Alarms	1
5	105	Fire Drills	1
6	106	Fire Escape	1
7	107	Fire Protection	1
8	108	Fire Safety	1
9	109	Fire Inspection	1
10	110	Fire Code	1

1. The building is occupied by \_\_\_\_\_  
 2. The building is used for \_\_\_\_\_  
 3. The building is used for \_\_\_\_\_  
 4. The building is used for \_\_\_\_\_  
 5. The building is used for \_\_\_\_\_  
 6. The building is used for \_\_\_\_\_  
 7. The building is used for \_\_\_\_\_  
 8. The building is used for \_\_\_\_\_  
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 10. The building is used for \_\_\_\_\_

1. The building is used for \_\_\_\_\_  
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 10. The building is used for \_\_\_\_\_