

TOWN OF ESSEX

APPLICATION FOR CERTIFICATE OF OCCUPANCY

No. 261-89 9 28, 19 90

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 261-89 structure which was done under authority of building/zoning permit # PB-4-1439

issued May 6, 1988 to Forestdale Heights, Inc.

(NAME)

Premises are at Unit G-4 Saxonhollow Drive, Essex, Vermont

(STREET ADDRESS)

The Saxon Hollow Company

Applicants Mailing Address (If different)

P.O. Box 4201 Burlington, Vermont 05401

Driveway location inspected and approved by P.C. + D.L.

Water service installation inspected and approved by G. Short's leave

Sanitary sewer connection or septic system inspected and approved by:

G. Short's leave

(NAME)

(DATE)

, 19

Construction was begun May, 1988 and completed 9 28, 19 90

Actual cost of construction \$ 60,000.00

Approval granted by Planning Commission Zoning Board of Adjustment March 3, 1988 March 10, 1988

Use of premises intended Condominium - Residential
(What will you use the new bldg. addition or alt. for)

Daytime phone # 658-4022, _____, 19 _____
(DATE)

(Applicant's Signature)

Certificate of Occupancy approved with _____ without 1 conditions.

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

Sept. 28, 1990

Zoning Administrator
Town of Essex, Vermont



TOWN OF ESSEX VERMONT

81 MAIN STREET, ESSEX JUNCTION, VERMONT 05452
Fax: 878-1353 • E-mail: manager@essex.org • Website: www.essex.org

**COMPLETE THIS FORM ONLY IF YOU WERE UNSUCCESSFUL IN
YOUR SEARCH**

REQUEST FOR COPIES OF PERMIT DOCUMENTS

POLICY

Due to the demand for requests similar to yours, the existing level of demand for the departments services and staffing limitations, we are unable to immediately respond to any requests for copies of **Zoning Permits, Certificates of Occupancy or Septic Permits.**

We will attempt to respond to requests for documents made via a completed copy of the form provided below **within two business days.** Documents must be picked up in person.

DATE:

10-13-99

NAME OF PERSON REQUESTING DOCUMENTS:

Linda Bell (cook)

COMPANY NAME:

TELEPHONE & FAX #:

PROPERTY ADDRESS:

Unit 9-4 Saxon Hollow

ZONING PERMIT #:

261-89

* The Assessor's records may be searched to obtain the name of the property owner at the time an application was made for the permit.

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