

TOWN OF ESSEX

APPLICATION FOR CERTIFICATE OF OCCUPANCY

NO. 200-90

Jan 17, 1991

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.

[X] This request is for new construction or rehabilitated or altered structure which was done under authority of building/zoning permit # 200-90

issued Oct 4, 1990 to SUSAN Y. DePaul

Premises are at 54 Browns River Rd, Essex Jct, VT 05452

Water service installation inspected and approved by existing use

Driveway location inspected and approved by Existing Use

Sanitary sewer connection or septic system inspected and approved by:

Name: Existing Use Date: _____

Construction was begun Nov, 1990 and completed Jan 17, 1991

Approval granted by: P.C. Z.B.A., 1991.

Use of premises intended single family house
(type of use)

Applicant's Signature: Susan DePaul

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 approved with _____ without conditions
If with conditions, see attachment outlining same.

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

Date Jan 17, 1991

J. J. [Signature]
Zoning Administrator, Town of Essex, VT

0ct. 30, 1990 R 2

TOWN OF ESSEX, VERMONT
APPLICATION FOR ZONING PERMIT

APPLICATION DATE 10-4-90
PERMIT NO. 200-92

The undersigned hereby applies for permission to make certain improvements as described below. (Plans to be submitted if required by Zoning Administrator.) All construction to be completed in accordance with Zoning Laws and Building Regulations of the Town of Essex and the State of Vermont, and conform to the National Board of Fire Underwriters Regulations and any and all Federal Regulations now in effect.

A PROPERTY ADDRESS 54 Browns River Rd OWNER NAME Susan DePaul
 OWNER ADDRESS Essex Jct. VT 05452 PHONE NUMBER - WORK 769-2133 HOME 878-1074
 TOWN TAX MAP 4 PARCEL 23 PLAN FILED LAND RECORDS BOOK _____ PAGE _____ ESTIMATED COST _____

B SEWAGE DISPOSAL PUBLIC CONNECTION FEE _____ DATE PAID _____
 PRIVATE PLAN ATTACHED APPROVED REJECTED
 BY use existing septic DATE _____
 ON SITE INSPECTION BY _____ DATE _____
 AS BUILT SUBMITTED NO. OF BEDROOMS 3 Existing house is 3 bedroom

C WATER PUBLIC FEE _____ DATE PAID _____
 NO. OF METERS _____ REQUEST DATE _____
 PRIVATE APPROVED BY EXISTING WELL

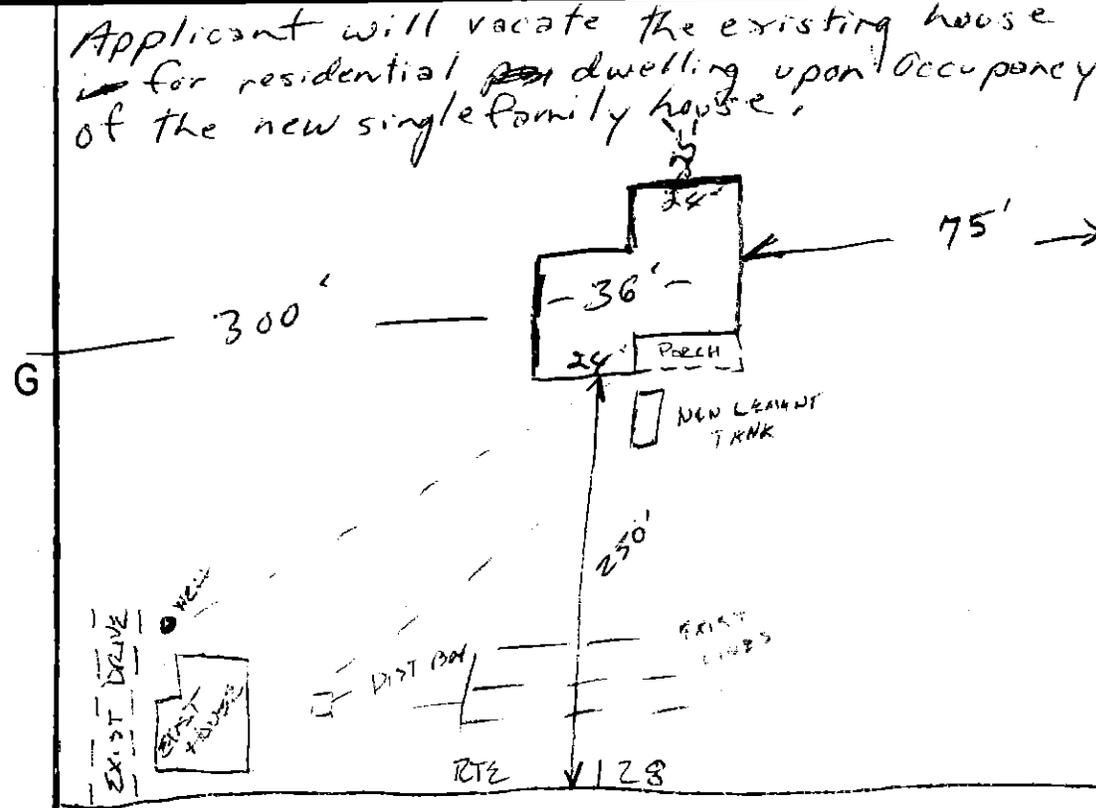
D HIGHWAY R.O.W. SEWER WATER POWER TEL GAS TV POLE PERMIT
 APPROVED BY All utilities will be underground DATE _____

E DRIVE CURB CUT APPROVED BY EXISTING DATE _____
 CULVERT REQUIRED TYPE _____ NOT REQUIRED

F OCCUPANCY CERTIFICATE CONSTRUCTION BEGUN: _____ ACTUAL COST _____
 COMPLETED: _____
 CERTIFICATE APPROVED DENIED Reasons for denial are given in writing according to Law, a copy of which is appended hereto.
 ZONING ADMINISTRATOR _____ DATE _____

H Check box(es) best describing proposed use or construction.

	Total New Cons.	Addition	Alteration
SINGLE FAMILY	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO FAMILY	2	<input type="checkbox"/>	<input type="checkbox"/>
RETAIL	3	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	4	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRIAL	5	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE (ATT.)	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(DET.)	7	<input type="checkbox"/>	<input type="checkbox"/>
PORCH (OPEN)	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(SCREENED)	9	<input type="checkbox"/>	<input type="checkbox"/>
(ENCLOSED)	10	<input type="checkbox"/>	<input type="checkbox"/>
(DECK)	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
POOL (INGROUND)	12	<input type="checkbox"/>	<input type="checkbox"/>
(ABOVE GROUND)	13	<input type="checkbox"/>	<input type="checkbox"/>
SHED	14	<input type="checkbox"/>	<input type="checkbox"/>
BARN (AGRICULTURAL)	15	<input type="checkbox"/>	<input type="checkbox"/>
(RESIDENTIAL)	16	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE HOME	17	<input type="checkbox"/>	<input type="checkbox"/>
VACATION	18	<input type="checkbox"/>	<input type="checkbox"/>
CONDOMINIUM	19	<input type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS	20	<input type="checkbox"/>	<input type="checkbox"/>
RENEWAL	21	<input type="checkbox"/>	<input type="checkbox"/>



I SIGNATURE OF OWNER
Susan DePaul

J FOR OFFICE USE ONLY
 FEE PAID 153.75
 APPROVED REJECTED
 ISSUED TO Susan DePaul
 DATE Oct. 4, 1990
Jay J. Purkey
 Zoning Administrator

ZONING BOARD OF ADJUSTMENT
 APPROVED REJECTED
 DATE _____

PLANNING COMMISSION
 APPROVED REJECTED
 DATE _____

THIS PERMIT VALID FOR TWELVE MONTHS ONLY FROM ISSUE
 APPROVAL IS SUBJECT TO THE ACCURACY OF INFORMATION GIVEN BY APPLICANT