

TOWN OF ESSEX

APPLICATION FOR CERTIFICATE OF OCCUPANCY

NO. 190-94

January 17, 1995

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 # 190-94

issued September 6, 1994 to Perkins Bend Associates

Premises are at Unit 91, 33 Wolff Drive

Water service installation inspected and approved by Public Works Dept.

Driveway location inspected and approved by Public Works Dept.

Sanitary sewer connection or septic system inspected and approved by:

Name: Public Works Dept. Date: _____

Construction was begun Sept. 7, 1994 and completed Jan. 15, 1995

Approval granted by: X P.C. X Z.B.A. April 19, 1988.

Use of premises intended Condominium - 2 Bdrms
(type of use)

Applicant's Signature: [Signature]

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 X with _____ without 5 conditions
If with conditions, see attachment outlining same.

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

Date Jan. 18, 1995

[Signature]
Zoning Administrator, Town of Essex, VT

ZONING COMPLIANCE CERTIFICATION

TO WHOM IT MAY CONCERN:

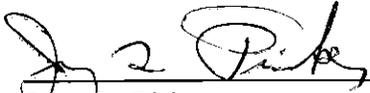
I have checked the Community Development Office files to determine if any zoning violation notice has been issued on the following property:

33 WOLFF DRIVE, UNIT 91, PERKINS BEND

owned by: CHARLES B. KILGORE TRUST

There is not any record of a zoning violation notice having been issued at the aforesaid address to the aforesaid person.

There is a record of a zoning violation notice having been issued at the aforesaid address. Said violation was issued on and to _____



Jerry L. Firkey
Zoning Administrator

Date: 9-15-99

YOUR NAME: NORMAN C. SMITH

FAX NUMBER: 879-9640

PERMIT #: 190-94

ZONING COMPLIANCE CERTIFICATION

TO WHOM IT MAY CONCERN:

I have checked the Community Development Office files to determine if any zoning violation notice has been issued on the following property:

33 Wolff Drive (Unit 91)

owned by: Charles B. Kilgore Trust

There is not any record of a zoning violation notice having been issued at the aforesaid address to the aforesaid person.

There is a record of a zoning violation notice having been issued at the aforesaid address. Said violation was issued on and to _____

Jerry L. Firkey
Jerry L. Firkey
Zoning Administrator

Date: 9/24/99

YOUR NAME: DAN Overton

FAX NUMBER: 879-0964

PERMIT #: 190-94