

APPLICATION FOR CERTIFICATE OF OCCUPANCY

No. 223-94

4/30, 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.

This request is for new construction or rehabilitated or altered structure which was done under authority of building/zoning permit # 223-94

issued 10/21, 1994 to HOMESTEAD DESIGN, INC

Premises are at 9-12 STREPLE BUSH RD

Water service installation inspected and approved by J. ARTHUR

Driveway location inspected and approved by D. Lutz

Sanitary sewer connection or septic system inspected and approved by:

Name: J. ARTHUR Date: _____

Construction was begun 10/21, 1994 and completed 3/30, 1995

Approval granted by: P.C. Z.B.A. _____, 1995.

Use of premises intended RESIDENTIAL
(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 with _____ without conditions
If with conditions, see attachment outlining same.

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

Date 4/30/95

[Signature]
Zoning Administrator, Town of Essex, VT



TOWN OF ESSEX VERMONT

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

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:

9-12 Steeplebush Road

owned by: Minott W Osborn

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: 2-9-99

YOUR NAME: NORMAN C. SMITH

FAX NUMBER: 864-7779

PERMIT #: 223-94

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TOWN MANAGER	PARKS AND RECREATION	COMMUNITY DEVELOPMENT	PUBLIC WORKS	ASSESSOR	FINANCE	TOWN CLERK	LIBRARY	POLICE
878-1341	878-1342	878-1343	878-1344	878-1345	878-1359	879-0413	879-0313	878-8331