TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

MAP/PARCEL/LOT: _____ NO. 209-97

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 zoning permit # 209-97

issued 8/19/97, 19__ to Browns River Dev. Corp.

Premises are at 10 Joseph Lane Unit 3A

Water service installation inspected and approved by Jeff Arthur

Driveway location inspected and approved by Public Works/Town Engineer

Sanitary sewer connection or septic system inspected and approved by:

Name: Town Engineer Date: _____

Construction was begun 9/4, 1997 and completed 9/20, 1997

Approval granted by ____ P.C. or Z.B.A. ____ on _____, 19____.

Use of premises intended Single family - Condominium/Townhouse
(type of use)

Applicant's Signature: Bob Lemire Telephone: 878-7880

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 X without ____ conditions.
If with conditions, see attachment outlining same.

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

9/18/97 Jerry L. Firkey
Date Jerry L. Firkey, Zoning Administrator

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TOWN OF ESSEX
VERMONT

81 MAIN STREET, ESSEX JUNCTION, VERMONT 05452
FAX 878-1353

September 18, 1997

Robert Lemire
Brown's River Development Corp.
13 Joseph Lane
Essex Junction, Vermont 05452

Re: Unit 3A, 10 Joseph Lane
Certificate of Occupancy #209-97

Dear Bob:

This letter is an attachment to Certificate of Occupancy #209-97. Upon completion of today's inspection of the above-referenced property, it was determined that a third bedroom has been added to Unit #3A. You are required to pay the difference in the school impact fee from a 2 bedroom to a 3 bedroom unit. You have informed me that payment will be available on the date of closing. Please make the check payable to the Town of Essex School District in the amount of $1,596.00.

Sincerely,

Jerry L. Firkey
Zoning Administrator

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TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

MAP/PARCEL/LOT: 101-003-012 NO. 208-97

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 zoning permit # 208-97

issued Aug 8, 1997 to Woodlands II

Premises are at 23 Sydney Drive

Water service installation inspected and approved by Jeff Arthur

Driveway location inspected and approved by Public Works

Sanitary sewer connection or septic system inspected and approved by:

Name: Jeff Arthur Date: 7-29-97

Construction was begun 8-10, 1997 and completed 10-23, 1997

Approval granted by ____ P.C. or Z.B.A. ____ on _____, 19____.

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

Applicant's Signature: [signature] Telephone: 879-6726

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 X conditions.
If with conditions, see attachment outlining same.

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

10/23/97
Date

[signature]
Jerry L. Firkey, Zoning Administrator

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TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

MAP/PARCEL/LOT: 098 004 023

NO. 205-97

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 zoning permit # 205-97

issued 8/11, 1997 to Homestead Design

Premises are at 6 Thrush Lane (Unit 23)

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: 8 25 97

Construction was begun 8/11, 1997 and completed 12 19, 1997

Approval granted by X P.C. or Z.B.A. ____ on _____, 19____.

Use of premises intended Residential
(type of use)

Applicant's Signature: Jeffrey Russ Telephone: 878-3303

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.

12/18/97
Date

Jerry L. Pirkey, Zoning Administrator

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TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

MAP/PARCEL/LOT: 098 004 022

NO. 204-97

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 zoning permit # 204 97

issued 8/11, 1997 to Homestead Design

Premises are at 4 Thrush Lane (Unit 22)

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: 8 25 97

Construction was begun 8/11, 1997 and completed 12 19, 1997

Approval granted by X P.C. or Z.B.A. ____ on _____, 19____.

Use of premises intended Residential
(type of use)

Applicant's Signature: Jeffrey S. Dwyer Telephone: 878-3303

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 X conditions.
If with conditions, see attachment outlining same.

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

12/18/97
Date

Jerry L. Firkey, Zoning Administrator

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TOWN OF ESSEX
VERMONT

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

TODAY'S DATE 12/15/00

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:

4 Thrush Lane (Unit 22, Bldg. 7)

owned by: Cynthia M. Eldred

X 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: 12/15/00

YOUR NAME: S.M. Hebeler, Esq.

FAX NUMBER: 652-0111

PERMIT #: 204-97

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