

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 11/27/2001

MAP/PARCEL/LOT: 011/032/007

NO 7001-121

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 zoning permit # _____

issued to MARK DIBANCI/EB GRAMATZKI on 6/25/2001

Premises are at 304 WEST SLEEPY HOLLOW ROAD

Water service installation inspected and approved by VT WELL & PUMP

Driveway location inspected and approved by DENNIS LUTZ

Sanitary sewer connection or septic system inspected and approved by:

Name: JERRY FIRKEY Date: 11

Construction was begun JULY 1, 2001 and completed NOV 27, 2001

Approval granted by _____ P.C. or Z.B.A. _____ on _____, 20____.

Use of premises intended SINGLE FAMILY RESIDENCE
(type of use)

Applicant's Signature: [Signature] Telephone: 862-2167
878-0197

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

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

11/27/01
Date

[Signature]
Jerry L. Firkey, Zoning Administrator