

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 6/10/02

MAP/PARCEL/LOT: 2-05300-4007

NO. 2002*

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 CLINTON C MORSE on 3/13/02

Premises are at 7 AMORSE DRIVE - ESSEX

Water service installation inspected and approved by N/A EXIST

Driveway location inspected and approved by N/A EXIST

Sanitary sewer connection or septic system inspected at Rosa Lee

Name: NA/EXIST Date: _____

Construction was begun 4/1, 2002 and con

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

Use of premises intended COMMERCIAL USE
(type of use)

Applicant's Signature: [Signature] Telephone: 878-2222

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.

6/10/02
Date _____
[Signature]
Serry L. Firkey, Zoning Administrator

Expires: 3/13/08

District: I-1

Town of Essex, Vermont Application for Zoning Permit

Application Date 2/26/02

Permit No. 2002-18

The undersigned hereby applies for permission to make certain improvement as described below. (Plans to be submitted, if required by the Zoning Administrator.) All construction is to be completed in accordance with the Zoning Regulations of the Town of Essex and the State of Vermont and any and all Federal and State regulations now in effect. You are required to post this permit in a conspicuous location on the property and it must remain posted throughout the construction period.

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of permit. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Approval is subject to accuracy of information provided by the applicant.

Parcel Account Number (Map-Parcel-Lot): 2 -05300-4007

Property Address: 7 MORSE DRIVE - ESSEX

Owner or Project Name CLINTON MORSE

Owner Address: 9 MORSE DR - ESSEX VT.

Owner Phone: (work) 878-2222 (home) 878-2222

Estimated Dates of Construction: Start 4/15/02 Completion 12/15/02

Sq. Feet: 4500 Estimated Cost (labor & materials) 60000⁰⁰

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Check box(es) which describe proposed use or construction (circle choice in parentheses)
N = New A = Addition R = Remodel

<i>Residential</i>	N	A	R
Single family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium (1 story)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inclusions or Additions:</i>			
Garage: (attached) (detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch: (enclosed)(open)(deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool: (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn: (residential)(agricultural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Non-residential:</i>			
Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sewage Disposal (Please attach Sewer or Septic Application) EXISTING

Public Private Connection Fee _____ Date Paid: / /

Existing bedrooms: N/A Bedrooms added (if any) _____ Plan attached

Approved Rejected By _____ Date / /

Water (Please attach Water Service Application) EXISTING

Public Private Fee: _____ Date Pd: / /

Number of meters: N/A Request Date: _____

Approved by N/A Date / /

Driveway (Please attach copy of approved Curbcut/Utility Application.)

EXISTING Date of approval: / /

Diagram: Show sketch of project here or attach a plan. Please provide all relevant information as listed on the instruction sheet.

SEE ATTACHED SITE PLAN.
To be built pursuant to
Minor site Plan Amendment dated 10/25/01.
See Plan + Approval letter.
(L533)

Signature of Owner Clinton Morse
2/27/02

Office Use Only

Fees:	Type	Amount	Date Pd
	Permit	<u>150</u>	<u>2/24/02</u>
	School	_____	_____
	Recreation	_____	_____
	Other	<u>1400</u>	<u>2/26/02</u>
	Building Permit	_____	_____
Approved <input checked="" type="checkbox"/>	Rejected <input type="checkbox"/>	Date	<u>2/26/02</u>
Issued to: <u>Clinton Morse</u>			
Zoning Admin. <u>[Signature]</u>			
Notes: _____			
Zoning Board of Adjustment			
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date	<u> / / </u>
Planning Commission			
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date	<u> / / </u>