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TOWN OF ESSEX
COMMUNITY DEV. OFFICE

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 9/16/02

MAP/PARCEL/LOT: _____

NO. 2002-148

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 # 2002-148

issued to Dr. Feeley & Dr. Kanan-Essex Family Denton

Premises are at 11 Marketplace Essex Junction, VT 05452

Water service installation inspected and approved by N/A

Driveway location inspected and approved by N/A

Sanitary sewer connection or septic system inspected and approved by:

Name: N/A Date: _____

Construction was begun 7/2, 20 02 and completed 9/10, 20 02

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

Use of premises intended Dental Stations
(type of use)

Applicant's Signature: J. Allen Feeley Dr. Telephone: 898-5591

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.

9/17/02
Date

J. L. Firkey
Jerry L. Firkey, Zoning Administrator