# TOWN OF ESSEX
# CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: __1/11/2023__     FEE: $115.00 __PAID__ (includes recording)

MAP/PARCEL/LOT: __201.800.900.018__     (2023-0) NO. __see ZBA file folder + 1998-61__

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 _(existing structure)_ structure which was done under authority of zoning permit # __1998-61__

__ZBA APPROVAL__ issued to __Ann Orr: Kailee and Santiago Ospina__ on __11-14-2022__.

Premises are at __386 A Old Stage Rd__ , __Essex Jct VT 05452__

Water service installation inspected and approved by __Existing__

Driveway location inspected and approved by __Existing__

Sanitary sewer connection or septic system inspected and approved by:

Name:_____ Date: __Existing__

Construction was begun __n/A - Existing__/20____ and completed _____, 20__

— _convert existing Apt to accessory Apt to be used as AirBnB._

Approval granted by ____ P.C. or (Z.B.A) ✓ on __11-14__ , 20__22__.

Use of premises intended __Air BnB - 1 bedroom__
                         (type of use)

Applicant's Signature: __Kailee Ospina__ Telephone: __N/A__ Cell: __802 363-3363__
Email Address: __orr.kailee@gmail.com__

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. ✓ _(no new construction needed)_

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.

__1-11-2023__     __Theresa L. Kelley__
Date                                              Zoning Administrator