

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$115.00 pd (includes recording)

MAP/PARCEL/LOT: 2-031-032-000 NO. 2024-195

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 # 2024-195

issued to Lisa B. Klindk & Eric M. Rice on 10-17-2024.

Premises are at 10 CREEK ROAD

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: existing private Date: _____

Construction was begun NOV, 2024 and completed Jan, 2025

Approval granted by DRB _____ PC _____ ZBA _____ on N/A, 20____.

Use of premises intended STUDIO Accessory dwelling unit
(type of use)

Applicant's Signature: [Signature] Telephone: 802-734-3381 Cell: _____

Email Address: LisaB.Klindk@gmail.com
morrice@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.

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.

1/14/2025
Date

[Signature]
Zoning Administrator