

Sent

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 5.29.2024 FEE: \$115.00 pd (includes recording)

MAP/PARCEL/LOT: 2-053-004-004

NO. 2024-38

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 # 2024-38

issued to Sport and Fitness Edge, Inc

on April 10, 2024

Premises are at 4 Morse Drive, Essex

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 April 26, 2024 and completed May 29, 2024

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

Use of premises intended No change in use - continue as daycare and fitness center (type of use) *updated parking lot lights, minor adjustments to parking island to accommodate straight-in parking spaces; PARKING line striping, tree maintenance, + other minor improvements.*

Applicant's Signature: Michael Feitelberg dotloop verified 05/29/24 10:00 AM EDT RPOU-YKPH-76FD-X8ML Cell: 802-363-7002
Email Address: David.Raphael@ArtisanRealtyVT.com (David Raphael - Project Manager)

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.

Date 6/3/2024 Sharon Kelley
Zoning Administrator