Given

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 8/4/2025 **FEE: $115.00** ✓ **NO.** 2025-84
(includes recording)

MAP/PARCEL/LOT: 2 - 010 - 022 - 000

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.

Issued to Town of Essex **on** 6/20/25.

Premises are at 150 Indian Brook rd

Water service installation inspected and approved by No water

Driveway location inspected and approved by No driveway

Sanitary sewer connection or septic system inspected and approved by: No sewer connection

Name: NA **Date:** NA

Construction was begun 7/21, 2025 **and completed** 8/4, 2025

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

Use of premises intended Recreation Pavilion
(type of use)

Applicant's Signature: [signature]

Phone: 802 872 4677 **Cell:** Same **Email:** hsmith@essex.gov

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.**

8/5/25
Date

Shaun Kelley
Zoning Administrator