

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: June 27, 2025 FEE: \$115.00 PC NO. 2025.98
(includes recording)

MAP/PARCEL/LOT: 2 - 091-001-008

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 Krissie Zambrano, D.B.A. Tigerfly Massage Therapy on 6-30-2025.

Premises are at 8 Carmichael Street, Suite 204, Essex, VT 05452

Water service installation inspected and approved by N/A (Existing)

Driveway location inspected and approved by N/A

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: NA

Construction was begun move in/fit up (paint) July, 2025 and completed 7-19, 2025

Approval granted by DRB PC ZBA NA on NA, 2025.

Use of premises intended massage therapy (Tigerfly)
(type of use)

Applicant's Signature: 

Phone: (802)316-8437 Cell: (818)640-8614 Email: info@tigerflymassage.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.

7-16-2025
Date


Zoning Administrator