

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 7/15/25 FEE: \$115.00 pd NO. 2025-108
(includes recording)

MAP/PARCEL/LOT: 2 - 070-671-3741

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 Healer on 7-15-2025

Premises are at 110 Center Rd 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: existing

Name: _____ Date: _____

~~no construction~~
Construction was begun 5/15, 2025 and completed 8/1, 2025

Approval granted by DRB _____ PC _____ ZBA NA on _____, 20____.

Use of premises intended commercial retail office, kitchen (meals)
(type of use) 2nd floor, not fit up. new permit to be submitted for same.

Applicant's Signature: Stephanie Maech

Phone: _____ Cell: 802 735 7292 Email: admin@healer.center

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.

7.30.25
Date

Sharon Kelley
Zoning Administrator