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TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$115.00 Pd. 8/17/25 NO. 2025-129
(includes recording)

MAP/PARCEL/LOT: 2 - 058 - 003 - 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 LUNAR Life styles on 8-19-25.

Premises are at 110 Center Rd.

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 Sept 4, 2025 and completed 10/2/25

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

Use of premises intended commercial - 2nd level SPA
(type of use)

Applicant's Signature: [Signature]

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.

10/21/2025 [Signature]
Date Zoning Administrator