

given

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$115.00 PK NO. 2026-06
(includes recording)

MAP/PARCEL/LOT: 2-047-001-001

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 Jim Zwing d/b/a 20 Susie Wilson Rd LLC on 1-20-2026

Premises are at 20 SUSIE Wilson Rd Unit 15

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 0, 20 _____ and completed _____, 20 _____

Approval granted by DRB _____ PC _____ ZBA _____ on 0, 20 _____

Use of premises intended office health counselor + support group
(type of use)

Applicant's Signature: [Signature] Kate Sherman

Phone: _____ Cell: 002-309-1813 Email: SoulStrengthVA@gmail.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 X conditions.
If with conditions, see attachment outlining same.

Certificate of Occupancy denied _____. Please see attachment with reasons for denial.

3-4-2026
Date

[Signature]
Zoning Administrator