

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 11/2/15 FEE: \$85.00 pd JB (includes recording)
MAP/PARCEL/LOT: 2-057-053-000 NO. 2015-009

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.

This request is for use only of existing land or buildings.

This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit #2015-009

issued to Summit Chiropractic Center on 2-9-15

Premises are at 69 Centar Road Essex Junction, VT 05452

Water service installation inspected and approved by Town

Driveway location inspected and approved by Town

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: Town

Construction was begun April 18th, 2015 and completed April 22nd, 2015

Approval granted by P.C. or Z.B.A. on previous approval., 20

Use of premises intended Commercial / Chiropractic office
(type of use)

Applicant's Signature: [Signature] Telephone: 802-662-1047 Cell:

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. (Instructed to record Energy Cert.)

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

Date 11-2-15 [Signature]
Zoning Administrator