City of Essex Junction, VT Certification of Zoning Compliance

For Office Use: **Permit #**

Administrative Determination					
Property Address:					
Record Owners:		Owner Email:			
Requested by:					
Closing date:	Send Completed form to:				
	Fax o	Fax or email:			
Notes: 1. Zoning was first adopted in Esse 2. Certificates of Occupancy were	_			35	
To be completed by Zoning Administrator:					
I hereby certify as follows regarding the above referenced property:					
A zoning permit was issued on:					
 2. A Certificate of Occupancy was issued or 3. The property is in compliance with A. Zoning permit B. The Certificate of Occupancy 4. The property appears to generally com 	Date [] Yes [] Yes ply with all other a	[] No [] No applicable zo	[] N/A [] N/A ning regulatio	ns.	
5. I am not aware of any existing violation property.6. The municipal records in the City Plann City Land Development Code relating to	ing office do not c	ontain any ir	ndication of a _l		
Signature of Authorized Zoning Staff		 [Date		
Comments:					
	Received on:	Fee	:		
		\$5	50.00		

