

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 9/17/11 FEE: \$85.00 pc (includes recording)

MAP/PARCEL/LOT: 009-003-016 NO. 2011-59

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 # 2011-59

issued to M+B Properties LLC on 5-23-11

Premises are at 3 Bushey Ln, VT.

Water service installation inspected and approved by n/a

Driveway location inspected and approved by n/a

Sanitary sewer connection or septic system inspected and approved by: n/a

Name: _____ Date: _____

Construction was begun 5/23/11, 20 11 and completed 6/10/2011 *state inspector 2/9/11*

Approval granted by P.C. or Z.B.A. on 1-9, 20 03. *(reference approval # 2002-48) Complete/ok!*

Use of premises intended Record Automation Storage (Iron Mountain)
(type of use)

Applicant's Signature: [Signature] Telephone: _____ Cell: (708) 638-7014

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. ** NOTE the applicant has not added any new customers. The additional storage racks are for existing customer space. * no increase in number of employees.*

Certificate of Occupancy denied _____. Please see attachment with reasons for denial. *(SK)*

8/19/11
Date _____
[Signature]
Zoning Administrator

Violations: 1

Notes/Details:

THE FLOW SWITCHES FOR THE RACK SPRINKLER SYSTEM AND THE BUILDING SPRINKLER SYSTEM MUST BE PROPERLY ADDRESSED IN THE FIRE ALARM CONTROL PANEL (THEY ARE CURRENTLY LISTED OPOSITE OF WHAT THEY NEED TO BE).

OCCUPANCY AND USE OF THE NEW RACKS IS GRANTED.

Fraternally,
Chris A. Boyd, CFI, CFPE, Certified Fire Investigator II
Asst. State Fire Marshal
Department of Public Safety
Division of Fire Safety
Williston Regional Office
372 Hurricane Lane, Suite 102
Williston, Vermont 05495
(802) 879-2306

www.vtfiresafety.org

"The problems we face cannot be solved by the same level of thinking that created them"
Albert Einstein

"Laus Deo"