

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

emailed to
prep 11/14

DATE OF REQUEST: _____ FEE: \$90.00 PC (includes recording)

MAP/PARCEL/LOT: 2-091-008-002 NO. 2019-54

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 # 2019-54

issued to SCP 2010-C36-054 (CVS Pharmacy) on 3-26-19

Premises are at 7 Essex way

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: existing Date: _____

Construction was begun June, 20 19 and completed Oct, 20 19

Approval granted by _____ P.C. or Z.B.A. on n/a, 20 n/a

Use of premises intended Commercial - interior - remodel + ADA improvements
(type of use)

Applicant's Signature: [Signature] Telephone: 401-769-4285 Cell: 401-640-9426
tabin@tedsconstruction.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 conditions. It is understood that blinds for the window facade (gate) have been ordered and will be installed when delivered.
[Signature]

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

10/22/19
Date _____
Sharon L. Kelley
Zoning Administrator