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TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 1/18/2017 FEE: \$85.00 [Signature] (includes recording)

MAP/PARCEL/LOT: 044 057 000 NO. 2016-196

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 # 2016-196

issued to Essex Town School District on 12-12-16

Premises are at 60 Founders Rd.

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:

Name: _____ Date: N/A

Construction was begun Dec., 20 16 and completed Dec 20 16

Approval granted by _____ P.C. or Z.B.A. on N/A, 20 ____.

Use of premises intended Greenhouse
(type of use)

Applicant's Signature: [Signature] Telephone: 878-8168 Cell: _____
email n.mintosh@etsd.org

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.

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

2-1-17
Date

[Signature]
Zoning Administrator