TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 7/22/2016 **FEE: $85.00** Pd JB (includes recording)

MAP/PARCEL/LOT: _____ **NO.** 2016-143H

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.

[X] **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 #** 2016-143H

issued to ROSALIE SCHNEIDER **on** 8-31-16.

Premises are at 7 CEMETERY RD, ESSEX

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: _____ **Date:** Existing

Construction was begun _____, 20____ **and completed** _____, 20___ already fit-up space

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

Use of premises intended Home Occupation – Psychotherapy, M-S, 10Am-7pm
(type of use) no more than 5 appointments per day

Applicant's Signature: Rosalie Schneider **Telephone:** 985-9162 **Cell:** 318-5282

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.**

9-15-16 Shawn L. Kelley
Date **Zoning Administrator**