

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____

MAP/PARCEL/LOT: _____

NO. 2003-145

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 # 2003-145

issued to Essex Physical Therapy on 7/15/03

Premises are at 1 MarketPlace Suite 33 Essex Jct, VT 05452

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 Aug., 2003 and completed Sept. 11, 2003

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

Use of premises intended Physical Therapy
(type of use)

Applicant's Signature: Veronica Paquette Telephone: 878-9572

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.

9/11/03
Date

J. L. Firkey
Jerry L. Firkey, Zoning Administrator