

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 12/9/03

2003-

MAP/PARCEL/LOT: _____

NO. 221

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 # 2003-321

issued to Essex Physical Therapy on 12/9/03 9/18/03

Premises are at 1 market place suite 27 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 10/1, 2003 and completed 12/9, 2003

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

Use of premises intended Physical Therapy
(type of use)

Applicant's Signature: Jennica 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.

12/9/03
Date

Jerry L. Firkey
Jerry L. Firkey, Zoning Administrator