

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 11-18-2010 FEE: \$85.00 pd (includes recording)

MAP/PARCEL/LOT: 091-008-002 NO. 2009-52

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 # 2009-52

issued to EUROWEST RETAIL PARTNERS LTD on 5-19-09

Premises are at 7 ESSEX WAY C.V.S.

Water service installation inspected and approved by EXISTING

Driveway location inspected and approved by PUBLIC WORKS

Sanitary sewer connection or septic system inspected and approved by:

Name: EXISTING Date: _____

Construction was begun 6-15, 2009 and completed 1-5, 2010

Approval granted by P.C. or Z.B.A. on DEC 11, 2008

Use of premises intended COMMERCIAL BUILD - CVS PHARMACY + DRIVE THRU
(type of use)

Applicant's Signature: Thomas Rogers Telephone: → Cell: 508-328-5041

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.

12/3/10
Date

Sharon L. Kelley
Zoning Administrator

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 8-24-2010 FEE: \$85.00 pd (includes recording)

MAP/PARCEL/LOT: 091-008-002 NO. 2009-52

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 # 2009-52

issued to EUROWEST PARTNERS LTD ^{RETAIL} on 5-19-09.

Premises are at 7 ESSEX WAY (CVS)

Water service installation inspected and approved by EXISTING public

Driveway location inspected and approved by P. Works

Sanitary sewer connection or septic system inspected and approved by:

Name: EXISTING Date: _____

Construction was begun 6-15, 2009 and completed 1-5, 2010

Approval granted by P.C. or Z.B.A. on Dec. 11, 2008. ^{reference PC approved # 2008-30.}

Use of premises intended Commercial Building - CVS Pharmacy + Drive Thru
(type of use)

Applicant's Signature: Thomas Rogers Telephone: ~~_____~~ Cell: 508-328-5041

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.

9-2-10
Date Sharon L. Kelley
Zoning Administrator

① The lighting fixtures for the free-standing sign shall be corrected prior to turning the lights to the sign on.
② An additional inspection + fee is required upon completion of the lighting issue noted in #1 above.
(SK)