

TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 1 Dec 2009 FEE: \$85.00 [Signature] (includes recording) 2009-94
MAP/PARCEL/LOT: 20 57/054 NO. 2009-101

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 # 2009-94 & 2009-101

issued to MARK JOHNSON on _____

Premises are at 67 CTR 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: N/A Date: _____

Construction was begun SEP 1, 2009 and completed OCT. 16, 2009

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

Use of premises intended OFFICE
(type of use)

Applicant's Signature: Mark D. Johnson Telephone: _____ Cell: _____

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.

12-1-09
Date _____ Sharon L. Kelley
Zoning Administrator