

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 12/15/10 FEE: \$85.00 (includes recording)

MAP/PARCEL/LOT: 2-091-005-000 NO. 2010-150

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 # 2010-150

issued to TOWN MEADOW LLC, SUITE 103 on OCT. 2, 2010

Premises are at 21 CARMICHAEL ST., SUITE #103 ALTERNATIVE ROOTS WELLNESS CENTER

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: EXISTING

Name: _____ Date: _____

Construction was begun OCT 22, 2010 and completed DEC 13, 2010

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

Use of premises intended COMMERCIAL fit up for Alternative Roots Wellness Ctr
(type of use)

Applicant's Signature: Scott Acker Telephone: 879-4477 Cell: 999-2360

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.

12/15/10
Date

Sharon T. Kelley
Zoning Administrator