

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 7/30/2015 FEE: \$85.00 85.00 (includes recording)

MAP/PARCEL/LOT: 057-054-000 NO. 2015-82

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 # 2015-82

issued to MARK JOHNSON on 6/8/2015

Premises are at 67 CENTER RD.

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: _____ Date: existing

Construction was begun 6/24, 2015 and completed 7,30, 2015

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

Use of premises intended Use Permit/fit up Hair Salon 6 chair
(type of use)

Applicant's Signature: Mark D. Johnson Telephone: 802-238-0417 Cell: _____
M. Johnson

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.

7-30-15
Date _____
Thomas L. Kelley
Zoning Administrator