

PERMIT #
#18053



Town of Easton
EASTON, CONNECTICUT
BUILDING PERMIT

Permission is hereby granted to Highland Place LLC owner of land / building.

Located at: 422 Sport Hill Rd

Description: 2022 State Building Code - IBC Portion
Change of Use : Group U to Group A-3
Riding Arena

This Permit is Granted on Condition that All Building Regulations & State Laws Shall be Complied with.

Construction value as estimated by Building Department 1,000

Building Fee \$ 50

Occupancy Fee \$

Admin. Fee \$ SEP 13 2023

TOTAL CASH CHK# AMT 51.00

This permit expires 180 days from date if work not commenced, which means that a reasonable amount of the structural work must be done of which the Building Official shall be sole judge.

Certificate of Occupancy
Must be Issued Before Use is Allowed.

Building Official: [Signature]

Date: 9/13/23

WHITE = FILE COPY

YELLOW = COPY

422 Sport Hill Rd . #18053
 Highland Place, LLC
 Change of use from Group U → Group A-3
 Riding Arena

H.O.

APPROVED 09-22-23 - Final CO.
 Fail see attached

OCT 10 2021

JOB COMPLETED ~~09-22-23~~ 10-10-2023
 C.O. given 10-10-2023 Re-Insp Final App. CO given



TOWN OF EASTON
BUILDING DEPARTMENT
Inspection Report

Inspection Date Sept. 22 2023
 Location of Property FRIDMAN
 Owner 422 Sport Hill Rd.
 Contractor _____
 Permit Number (NEW PERMIT) #18053

Building Plumbing Heating Electrical

Description of Inspection
C.O.

Approved Disapproved

Analysis
NEED Remote Exit (swing)
|| Accessible Bathroom
(BARN)

Date 9/22/23 Inspector [Signature]
 WHITE - BUILDING DEPARTMENT CANARY - CONTRACTOR



TOWN OF EASTON
BUILDING DEPARTMENT
Inspection Report

Time: 12:00 Inspection Date 10-10-2023
 Location of Property 422 Sport Hill Rd
 Owner High Land Place
 Contractor _____
 Permit Number #18053

Description of Inspection
Final C.O.
Re-Insp.

Approved Disapproved

Analysis
OK

Date 10/10/23 Inspector [Signature]
 WHITE - BUILDING DEPARTMENT CANARY - CONTRACTOR

**TOWN OF EASTON
BUILDING DEPARTMENT**

225 CENTER ROAD
EASTON, Connecticut 06612
Telephone 203. 268.6291 X.110



CERTIFICATE OF OCCUPANCY

BUILDING PERMIT # 18053

ZONING PERMIT # Z-20-5377

Construction Type: 5B Use Class: RESIDENTIAL Use Group: A-3

Sprinklers: NO

Job Address: 422 SPORT HILL ROAD

BUILDING INFORMATION

Owner / Authorized Agent Name: MARSEL HURIBAL

Permit Date: 9-13-2023

Final Inspection Date: 10-10-2023

Cert of Occupancy Issue Date: 10-10-2023

WORK DESCRIPTION:

**CHANGE OF USE:
GROUP U to GROUP A-3
RIDING ARENA**

This is to certify that the work performed under this permit at the above address was observed during limited periodic on-site inspections provided by the authorized Building Department personnel and recorded in department records. Evaluated on the basis of above on-site observations, the work performed appears substantially to conform to the provisions of the Connecticut State Building Code. Furthermore, the work has been substantially completed in accordance with the stipulations and conditions of the approved building permit and is therefore acceptable for use and occupancy as indicated above.

CODE: 2022 CONNECTICUT STATE BUILDING CODE

CONDITIONS:


Peter Howard, Building Official


Date

TOWN OF EASTON



BUILDING PERMIT

ENTIRE APPLICATION MUST BE FILLED & SIGNED

#18053

Owners Name: 422 Sport Hill Rd
HIGHLAND Place LLC. (mailed Horizontal)
 Job Address: 3 Canterbury Ln. Easton, Ct.
 Phone: 203 257 9171 E-mail: MTHURIBLAW@OL.COM

PERMIT #

If you are the homeowner and you are taking out this permit, you will need to fill out 7b and have it notarized

Contractor: OWNER Contact Person:
 Address: SAME City/Town: State: Zip:
 Cell #: 203 257 9171 E-mail: SAME
 License No.: Expiration Date: JOB COST: \$ 1,000.00

Worker's Comp Insurance: please attached a copy to permit (or) Notarized 7B

JOB DESCRIPTION: (this must be filled out)

Change of Use - Use Group U to use Group
A-3 RIDING ARENA
(2022 STATE BUILDING CODE - IBC PORTION)

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the BUILDING CODE of the STATE of CONNECTICUT and the Ordinances of the TOWN of Easton as they apply to the work described above and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence over drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN of Easton in their inspections of applicable local and state codes and regulations.

I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is accurate to the best of my knowledge.

I authorize the Town of Easton to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time. This permit will expire unless work is commenced within 180 days.

Signature of Applicant: [Signature] Date: 9/8/2023

THIS SECTION TO BE FILLED OUT BY PAID FEWER

Cost of Construction	\$ <u>SEP 1 5023</u>
Building Permit Fee	\$ <u>CASH</u>
C.O. Fee	\$ <u>CHK# AMT</u>
Admin Fee	\$ <u>1</u>
TOTAL	\$ <u>51.00</u>

Building Official Signature: [Signature] Date: 9/13/23



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7B

**Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the Sole Proprietor or Property Owner
who WILL act as General Contractor or Principal Employer**

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit Marcel Dubois
Property located at 422 Sport Hill Rd
in the City / Town of Essex

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

I am the **OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____

I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant _____

I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant [Signature]

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this 8 day of Sept, 2023

Signature of Notary Public / Commissioner of the Superior Court [Signature]

My Comm Exp. 7/30/25

Peter Howard

From: Schuyler Sherwood
Sent: Saturday, October 7, 2023 6:14 AM
To: Peter Howard; Peter Neary
Subject: 422 Sport Hill Road

Peter,

On October 6, 2023, at your request I stopped by 422 Sport Hill Road to inspect the new egress door that was installed in the north west corner of the building. The exit door is installed and meets the Connecticut Fire Safety Code.

Have a good day!

Schuyler Sherwood
Deputy Fire Marshal
Town of Easton
225 Center Rd
Easton CT 06612
203-268-2823 O 203-650-0404 C