

given

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$90.00 pd (includes recording)

MAP/PARCEL/LOT: 2-008-014-002 NO: 2020-92

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 # 2020-92

issued to 249 B Sericho Rd on 5-29-2020

Premises are at John, Laurel, Tobey Clark

Water service installation inspected and approved by Simpson Enterprises

Driveway location inspected and approved by AOT

Sanitary sewer connection or septic system inspected and approved by:
Name: Willi's Design Date: see attached

Construction was begun June, 2020 and completed Jan, 2021

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

Use of premises intended Accessory Apt 900sq. ft per State Statute.
(type of use)

Applicant's Signature: Laurel B. Clark Telephone: _____ Cell: 324-4030

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.~~ see other side for note: →

Certificate of Occupancy denied _____. Please see attachment with reasons for denial.

1-27-2021 _____
Date Zoning Administrator
Sharon S. Kelly

1/27/2021,

- The 2nd floor Attic space is unfinished.
- The 1st floor is 850 s.f. Finished.
- The basement is unfinished except for 50 s.f. to accommodate a bathroom and washer/dryer.

Department of Environmental Conservation

Wastewater System & Potable Water Supply

Installation Certification Signature Sheet

Instructions:

 The Submission Number and Version of the online Installation Certification being signed **must** be entered in the field below.

Hand Signatures - This signature sheet can be downloaded, printed, signed by hand, and then scanned and uploaded to the **Signatures** section of the online form.

Digital Signatures - This signature sheet can be signed using the certificate-based digital signature capability available in Adobe Acrobat/Reader (or other PDF software with similar capability) and then uploaded to the **Signatures** section of the online application form. If this sheet contains one or more digital signatures, it **must** be uploaded in a format that does not compromise the ability to click on the applied signature and validate it. The digital signature applied must include the signer's full name, email address, and the date and time of signing. Because the Signature Sheet needs to be submitted in a format that allows the signatures to be validated, a Signature Sheet cannot contain both digital and hand signatures.

Note: If you digitally sign this sheet, please don't enter a date in the Signature Date field. The date and time must be included in the digital signature that is applied as described above.

ANR Online Submission Number & Version

ANR Online Submission Number and Version (for example: #20J-65KQ-R1ZF, version 1)

HP3-NNSA-BJM0T

Permit Number

Permit Number

WW-4-5410

Select the type of installation(s) being certified on this ANR Online Submission:

- | | |
|--|---|
| <input checked="" type="radio"/> Wastewater System | <input checked="" type="radio"/> Water Supply |
| <input type="radio"/> Wastewater System Requiring Record Drawing | <input type="radio"/> Water Supply Requiring Record Drawing |
| <input type="radio"/> No Wastewater System Installation | <input type="radio"/> No Water Supply Installation |

Insert Certification Language

Check the appropriate installations above and click the 'Insert Certification Language' button to include the appropriate verification text.

I hereby certify that, in the exercise of my reasonable professional judgement, the installation-related information submitted is true and correct and that the potable water supply and wastewater system were installed in accordance with the permitted design and all the permit conditions, were inspected, were properly tested, and have successfully met those performance tests.

Designer(s)/Installer(s) Certification

WW/WS Designer

Designer/Installer Role

Justin T. Willis

Print Designer/Installer Name

Justin T. Willis

Designer/Installer Signature

 Digitally signed by Justin T. Willis
Date: 2020.10.21 06:51:46 -04'00'

Signature Date

Designer/Installer Role

Print Designer/Installer Name

Designer/Installer Signature

Signature Date

Town Record Filing Information

If using this form to provide the Town with certification information for filing in land records, fill out the appropriate/available information below.

Parcel ID

2008014002

Subdivision Name/Lot #

Other Identifying Info

Town Clerk may indicate receipt here

TOWN OF ESSEX

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issued to John Tobey + Laurel B Clark on 5/29/20

Premises are at 249 Jericho Road

Water service installation inspected and approved by PW

Driveway location inspected and approved by existing AOT State Highway

Sanitary sewer connection or septic system inspected and approved by:
Name: Justin Willis Date: see attached *see permit attached to zoning permit # 2020-92*

Construction was begun 6/30, 2020 and completed 12/10, 2020

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

Use of premises intended Accessory Apartment
(type of use)

Applicant's Signature: Laurel B. Clark Telephone: _____ Cell: 862-324-4030

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Certificate of Occupancy has been approved with _____ without _____ conditions.
If with conditions, see attachment outlining same.

Certificate of Occupancy denied . Please see other side attachment with reasons for denial.

12/22/2020
Date Sharon L. Kelley
Zoning Administrator 

12-22-2020.

Certificate of Occupancy # 2020-92 Reason For Denial.

On 12/10/2020, I inspected the premises along with the Administrative Assistant, Deana Stoneback, and discovered that the unit exceeding the required size of no more than 30% of the primary living space.

The landowner advised that when they decided to heat the basement, they also decided to put up drywall & fit-up the basement. They also added a finished second story.

The landowner is in the process of providing calculations to this office wherein next steps shall be determined.

No occupancy of the unit is permitted until the violation is resolved.

Sharon Kelley, Z.T.