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TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____

FEE: \$85.00 ASK (includes recording)

MAP/PARCEL/LOT: 030-002-017

NO. 2014-25

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 # 2014-25

issued to KRISTINE DAVID WILDMAN on 4/9/14

Premises are at 22 HILWADE CIRCLE

Water service installation inspected and approved by ERUSTINE SERVICE

Driveway location inspected and approved by NO DRIVEWAY

Sanitary sewer connection or septic system inspected and approved by: _____

Name: _____ Date: _____

Construction was begun 4/15, 2014 and completed 7/10, 2014

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

Use of premises intended RESIDENCE WITH ACCESSORY APARTMENT
(type of use)

Applicant's Signature: Kristine Wildman Telephone: 879-7213 cell: 232-6792

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.

The landowner must occupy either the primary house or the Accessory Apt.

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

7-10-14
Date

Thomas L. Kelley
Zoning Administrator