



TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$85.00 pe (includes recording)

MAP/PARCEL/LOT: 0046/00/053 NO. 2014-157

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 # 2014-157

issued to James Baker on 9-29-14

Premises are at 44 Clover Dr

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 approx, 2009 and completed Aug, 2014

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

Use of premises intended Single family 3 bdrm w/ Accessory Apt above Garage
(type of use) and finished basement associated with SFD..
no apartment in basement.

Applicant's Signature: [Signature] Telephone: _____ Cell: _____

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 ABOVE

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

Date 9-30-14 [Signature]
Zoning Administrator