

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____

MAP/PARCEL/LOT: _____

NO. 175-1989

+ 2002-21

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 # 175-1989 + 2002-21

issued to Ken Godin on 6-27-89

+ 3-4-02

Premises are at 50 Clover Drive

Water service installation inspected and approved by PW

Driveway location inspected and approved by PW

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: _____

Construction was begun 1989, 20____ and completed 1990, 20____

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

Use of premises intended Residential 4 Bdrm
(type of use)

Applicant's Signature: Mary E. Dattilo FAX to: 655-0400
Mary Dattilo Telephone: 372-3355

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.

3/14/02
Date
Form 1001 Rev. 10/98

Jerry L. Finkov
Jerry L. Finkov, Zoning Administrator
Herbert A. Duffee, III, Acting