TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

MAP/PARCEL/LOT: 8-17-1 NO. 111-93

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 #_____

issued 8/5, 1993 to Robert A & Ann E. Lawrence

Premises are at Mountain View Heights (RR#2 Box 3C)

Water service installation inspected and approved by Spafford

Driveway location inspected and approved by _____

Sanitary sewer connection or septic system inspected and approved by:

Name: John Stewart Date: —

Construction was begun 10/3, 1993 and completed 2/26, 1996

Approval granted by ____ P.C. or Z.B.A. ____ on _____, 19____.

Use of premises intended Single Family House
(type of use)

Applicant's Signature: Robert W Lawrence

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 X conditions.
If with conditions, see attachment outlining same.

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

2/26/96 _____
Date Jerry L. Firkey, Zoning Administrator

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