

Faxed 11/18/10

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

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

MAP/PARCEL/LOT: 2/044-039-000 NO. 2010-101

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 # 2010-101

issued to BYWELL PROPERTIES LLC on 07-29-10

Premises are at 8 ROSE WOOD TRAIL

Water service installation inspected and approved by P.W.

Driveway location inspected and approved by P.W.

Sanitary sewer connection or septic system inspected and approved by:

Name: (State permit WW-4-1954-4) Date: _____

Construction was begun Aug, 20 10 and completed NOV, 20 10

Approval granted by See PC Approval # P.C. or Z.B.A. on PC 2005-14, 20 _____

Use of premises intended Single family home 4 bedroom 2 car attached garage
(type of use) unfinished basement

Applicant's Signature: David Byer Telephone: 849-6189 Cell: 373-1572
FAX 849-6189

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.

11/12/10
Date

Sharon L. Kelley
Zoning Administrator