TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: DEC **FEE: $85.00** pd (includes recording)

MAP/PARCEL/LOT: 2014-043-001 **NO.** 2010-171

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.**

[X] **This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit #** 2010-171 Accessory Apt

issued to Barbara Chapin, John Egan **on** _____.

Premises are at 129 Chapin Rd, Essex

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: see 163-5-1984

Name:_____ **Date:**_____

Construction was begun May, 20 10 **and completed** Nov, 20 10

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

Use of premises intended Rental and/or Visitors (Accessory Apt. 1-Bedroom)
(type of use)

Applicant's Signature: Barbara J. Chapin, John Egan **Telephone:** _____ **Cell:** 922-1230

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.**

1-4-11 Sharon L. Kelley
Date **Zoning Administrator**