TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ **FEE: $115.00** Pd (includes recording)

MAP/PARCEL/LOT: 2/090/006/147 **NO.** 2023-112

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 #** 2023-112

issued to 45 Washington Circle **on** 7-3-23.

Premises are at JD Essex LLC

Water service installation inspected and approved by P.W.

Driveway location inspected and approved by See note below.

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ **Date:** PW

Construction was begun June, 20 23 **and completed** July, 20 24

Approval granted by ✓ **P.C. or Z.B.A.** ____ **on** _____, 20 17. reference PC Approvals 2017-20

Use of premises intended SFH 3bedroom, attached garage, front porch, patio
(type of use)

Applicant's Signature: [signature] **Telephone:** _____ **Cell:** 238-9367
Email Address: douseviez@gmail.com

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 X **without** ____ **conditions.** ~~**If with conditions, see attachment outlining same.**~~

7/8/24: The driveway is UNPAVED and scheduled to be done w/in the next week. An escrow should be captured at closing. Upon completion of paving a re-inspection shall occur. S.R., Z.A.

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

7-8-24 **Date** Sharon Kelley **Zoning Administrator**

RBLS form to be recorded in Land Records. SR