

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$115.00 pd (includes recording)

MAP/PARCEL/LOT: 2044-018-000 NO. 2024-102

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 # 2024-102

issued to J.D. Quackenbush + M.B. Ruocco on 6-11-24.

Premises are at 29 Foster Rd

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:

Name: N/A Date: _____

Construction was begun _____, 2002 and completed _____, 2002

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

Use of premises intended Accessory apt
(type of use)

Applicant's Signature: [Signature] Telephone: _____ Cell: 802-819-1189
Email Address: _____

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.

6/27/24 [Signature]
Date Zoning Administrator