

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

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

MAP/PARCEL/LOT: 2/090/006/148 NO. 2024-10

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 # 2024-10

issued to JD Essex on 2/15/24

Premises are at 35 Washington 4 Bedroom 2.5 Bath No Finished basement

Water service installation inspected and approved by DPW

Driveway location inspected and approved by DPW

Sanitary sewer connection or septic system inspected and approved by:

Name: DPW Date: 3/28/24

Construction was begun 3/1/24, 20____ and completed 9/13/24, 20____

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

Use of premises intended Residential SFH, 4 bdrms, attached garage, unfinished basement
(type of use) front, rear porch entries, patio

Applicant's Signature: Brad Dousevicz dotloop verified 09/13/24 9:35 AM EDT ECPQ-6CRU-RH25-SLLP Telephone: _____ Cell: _____

Email Address: _____

dousevicz@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 _____ without conditions. If with conditions, see attachment outlining same.

RIBES to be recorded prior to closing.

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

9-13-24
Date

Sharon Kelley
Zoning Administrator