

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: _____ FEE: \$115.00 _____ NO. _____
(includes recording)

MAP/PARCEL/LOT: 2 - _____ - _____ - _____

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.

Issued to _____ on _____.

Premises are at _____

Water service installation inspected and approved by _____

Driveway location inspected and approved by _____

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: _____

Construction was begun _____, 20____ and completed _____, 20____

Approval granted by DRB ____ PC ____ ZBA ____ on _____, 20____.

Use of premises intended _____
(type of use)

Applicant's Signature: _____

Phone: _____ Cell: _____ Email: _____

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.

Date

Zoning Administrator