TOWN OF ESSEX
CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 5/19/16 **FEE: $85.00** PC (includes recording)

MAP/PARCEL/LOT: 3 Brigham Z-014-023-303 **NO.** 2015-136
15 Goodrich Lane

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 #** 2015-136

issued to Black Rock Construction **on** 8/25/15.

Premises are at 15 Goodrich Lane, Essex

Water service installation inspected and approved by Lamoreux & Dickenson

Driveway location inspected and approved by P. Works (A. Martin)

Sanitary sewer connection or septic system inspected and approved by:

Name: Lamoreux & Dickenson **Date:** See attached letter dated 5/13/16

Construction was begun 9, 20 15 **and completed** 5, 2016

Approval granted by ✓ **P.C. or Z.B.A.** ____ **on** _____, 20 12. Reference approval # PC: 2012-19.

Use of premises intended Single Family Residential 4 bedroom, 2 car-2 story garage, 2nd story unfinished,
(type of use) Deck, open porch, unfinished basement

Applicant's Signature: Tom K **Telephone:** 578-8451 **Cell:** 433-3460

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.** * However, post with house number shall be installed at end of driveway (to replace temporary sign)
If with conditions, see attachment outlining same.

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

5-19-16 Sharon L. Kelley
Date **Zoning Administrator**

* RBES cert. filed in Land Records.