



REF. #: _____

CERTIFICATE OF OCCUPANCY

Positive Identification is Required
Copy of Driver's License is Required

(PLEASE PRINT CLEARLY)

ADDRESS: Street Name & #: _____

Floor or Apt. #: _____

OWNER: Company Name: _____

Owner Name: _____

Owner
Mailing Address: _____

Home Address: _____

City / Town: _____

Telephone #: _____

Date of Scheduled Inspection: _____ Time: _____

Inspected By: _____

Inspection: GRANTED REFUSED Date: ____ / ____ / ____

Fees: \$25.00 per unit (non-refundable): Application good for 6 months only

Date Paid: ____ / ____ / ____ Received By: _____

REF. #: _____

CERTIFICATE OF OCCUPANCY PERMIT RECEIPT

ADDRESS: _____ FLOOR/APT. #: _____

DATE/TIME OF INSPECTION: _____

Fee: \$25.00 per unit (non-refundable): Application good for 6 months only

Date Paid: _____ Received By: _____

CITY ORDINANCE SECTION 25-10
COMPLIANCE SIGN-OFF SHEET

All Permits Required Before Issuance of Permits or Licenses

Name of Applicant

Applicant's Telephone #

Street Address

City, State, & Zip Code

Property Owner's Name

Owner's Telephone Number

Owner's Street Address

City, State, & Zip Code

TAX COLLECTOR -

Stamp

Signature

Date

(TAXES,
DEMOLITION
LIENS)

WATER DEPT. -

Stamp

Signature

Date

(WATER &
FONT)

Inspectional Serv. -

Stamp

Signature

Date

(TRASH
TICKETS)

All sign-offs MUST include each department's stamp, signature and date.

No photocopies will be accepted.

This sign-off list must be attached to all permit or license applications.