



Permit # _____

Date _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY – ZONING

Address _____ Use _____

Applicant's Name _____ Applicant's Address _____

Applicant's SSN _____ Use _____

Landowner's Name _____ Landowner's Address _____

Landowner's Phone # _____

CORPORATION

President's Name _____ SSN _____

Vice President's Name _____ SSN _____

Secretary's Name _____ SSN _____

Treasurer's Name _____ SSN _____

Corporation's Federal Identification # _____

PARTNERSHIP

Name _____ Address _____

SSN _____ Phone # _____

Name _____ Address _____

SSN _____ Phone # _____

SOLE PROPRIETORSHIP

Name _____

Address _____

SSN _____

Phone # _____

I hereby swear or affirm that the information and statements given on this application are true and correct to the best of my knowledge. I understand that if the information on this application is not correct or complete, the result may be invalidation of this and all subsequent permits issued in conjunction with this Application for Certificate of Occupancy – Zoning. Furthermore, the undersigned attests that no easement, covenant or deed restriction exists which legally prevents occupancy.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Application is: Approved _____

Denied _____

Parcel Identity # _____

Zoning District _____

Permit Fee _____

Remarks _____

Signature of Zoning Inspector

Date