



CERTIFICATE OF OCCUPANCY SIGN-OFF

DATE: _____

LOCATION OF PROPERTY	_____
PROPERTY ID#	_____
PROJECT NAME	_____
PROPERTY OWNER	_____ PHONE # _____
APPLICANT	_____ PHONE # _____

ALL OF THE BELOW SIGNATURES MUST BE OBTAINED BY THE APPLICANT AND RETURNED TO THE BUILDING DEPARTMENT PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

DEPARTMENT/ AGENCY	PERMIT NOTIFICATION	DATE SIGNED	SIGNATURE
Planner	Site Plan Approval		
Planner	Special Permit		
Planner	Soil Erosion/Fill		
Utilities	Sewer		
Utilities	Water		
Utilities	Electric		
Utilities	Building Number		
Fire Marshal	Plan Review		
Sanitarian	Health Conformance		
Highway Department	Roads, Drainage, Driveway-Curb Cuts		
Conservation Commission	Fill/Erosion Sedimentation Control		
DOT	State Highway Work		

NOTE: Please attach any comments below as necessary.