

DEPARTMENTAL APPROVAL FOR CERTIFICATE OF OCCUPANCY

This form is to be signed by each department indicated hereon upon satisfactory completion of the final inspection. The completed form must accompany the request for certificates of occupancy.

NOTE: The applicant is responsible for obtaining signatures.

PROJECT NAME: _____

PROJECT LOCATION: _____

MAP: _____ **LOT:** _____ **ZONING DISTRICT:** _____

PLANNING/ZONING APPROVAL DATE: _____

FIRE DEPARTMENT: _____ Dominick Bellio or Designee **330-7184**

Fax 332-9711

Final inspection has been completed to the satisfaction of this department and the undersigned authorizes the issuance of the certificate of occupancy.

Signature: _____ Date: _____

Will additional inspections be required for this project **YES / NO**? If yes, at what point would further inspections be required? _____

Has surety been placed for any outstanding issues **YES / NO**?

SEWER DEPARTMENT: _____ Melodie Esterberg or Peter Nourse **332-4096**

Fax 335-4352

Final inspection has been completed to the satisfaction of this department and the undersigned authorizes the issuance of the certificate of occupancy.

Signature: _____ Date: _____

Will additional inspections be required for this project **YES / NO**? If yes, at what point would further inspections be required? _____

Has surety been placed for any outstanding issues **YES / NO**?

WATER DEPARTMENTMelodie Esterberg or Peter Nourse **332-4096**

Fax 335-4352

Final inspection has been completed to the satisfaction of this department and the undersigned authorizes the issuance of the certificate of occupancy.

Signature: _____ Date: _____

Will additional inspections be required for this project **YES / NO**? If yes, at what point would further inspections be required? _____

Has surety been placed for any outstanding issues **YES / NO**?

PUBLIC WORKS DEPARTMENTMelodie Esterberg or Peter Nourse **332-4096**

Fax 335-4352

Final inspection has been completed to the satisfaction of this department and the undersigned authorizes the issuance of the certificate of occupancy.

Signature: _____ Date: _____

Will additional inspections be required for this project **YES / NO**? If yes, at what point would further inspections be required? _____

Has surety been placed for any outstanding issues **YES / NO**?

PLANNING DEPARTMENTKenn Ortmann or Designee **335-1338**

Fax 335-7585

Final inspection has been completed to the satisfaction of this department and the undersigned authorizes the issuance of the certificate of occupancy.

Signature: _____ Date: _____

Will additional inspections be required for this project **YES / NO**? If yes, at what point would further inspections be required? _____

Has surety been placed for any outstanding issues **YES / NO**?

Surety Amount:

Building Safety:

Dan Vincent or Designee

332-3508

Fax 332-8601

ALL OTHER DEPARTMENTS MUST SIGN-OFF BEFORE THIS FORM IS SUBMITTED TO CODE ENFORCEMENT.

Signature: _____ Date: _____