

**TOWN OF MOULTONBOROUGH
APPLICATION FOR CERTIFICATE OF OCCUPANCY**

Date: _____ Owner's Name: _____ Project Address: _____

Mailing Address: _____ B.P. # _____

Use: _____ Date Permit Issued: _____

APPLICABILITY: No person shall use or permit the use of any building, structure or premises, or part thereof hereby erected, relocated, altered, converted or extended until a Certificate of Occupancy* has been issued by the Code Enforcement Officer.

Application shall be made on this form at such time as when the applicant has complied with the Building Permit, Site Plan approval and/or any other requisite approval related thereto.

The completed work shall be in compliance with all applicable provisions as specified in the Town of Moultonborough's Zoning Ordinance, and the ordinances regulated by the Police, Fire, Public Works, and Development Services Departments.

Signatures of the representatives from the departments indicated below are required upon completion of work prior to the issuance of a Certificate of Occupancy.

APPROVED FOR CERTIFICATE OF OCCUPANCY

Fire Department: _____ Date: _____
(tel. #476-5658) (comments on back)

Police Department: _____ Date: _____
(tel. #476-2400) (comments on back)

Public Works Dept: _____ Date: _____
(tel. #253-7445) (comments on back) **Driveway Permit?** **Date:** _____

Add. Requirements: Address Displayed Foundation Certification Date: _____

Code Enforcement Officer: _____ Date: _____
(tel. #476-2347) (comments on back)

Planning Department: _____ **Conditions met?** Date: _____
(tel. #476-2347) (comments on back)

Health Inspector: _____ (as applicable) Date: _____
(tel. #476-2347) (comments on back)

I hereby acknowledge the above applicability, and assume responsibility for its conformance.

Signed _____ Print Name: _____
(owner/agent) (owner/agent)

THIS FORM MUST BE RETURNED TO THE DEVELOPMENT SERVICES OFFICE UPON COMPLETION OF INSPECTIONS.

*Certificate of Occupancy – Site Review Regulations, Section 4. The Code Enforcement Officer shall, within fifteen (15) working days of a completed sign-off sheet render a decision granting a Certificate of Occupancy.

**TOWN OF MOULTONBOROUGH
APPLICATION FOR CERTIFICATE OF OCCUPANCY**

Date: _____ Owner's Name: _____ Project Address _____

Mailing Address: _____ B.P. # _____

Use: _____ Date Permit Issued _____

COMMENTS

Fire Department: _____

Police Department: _____

Public Works Dept: _____

Code Enforcement Officer: _____

Town Planner: _____

Health Inspector: _____

I hereby acknowledge the above applicability, and assume responsibility for its conformance.

Signed: _____ (owner/agent) Print Name: _____ (owner/agent)

THIS FORM MUST BE RETURNED TO ODS UPON COMPLETION OF INSPECTIONS.

*Certificate of Occupancy – Site Review Regs, Section 4. The Building Official shall, within fifteen (15) working days of a completed sign-off sheet render a decision granting a Certificate of