

Town of Proctor Zoning Permit Application

Certificate of Occupancy

1. Applicant

Name: _____

Address: _____

Telephone: _____

2. Landowner (if different than applicant)

Name: _____

Address: _____

Telephone: _____

3. Property

Zoning Permit #: _____

Parcel ID#: _____

Property Location: _____

We the undersigned, hereby certify that all applicable local, state and federal permits have been obtained and complied with.

Signatures of all property owners/applicants

Date

For Office Use Only

Comments:

This permit certifies that the building or use at the above location conforms to the approved plans and zoning permits on file with the Zoning Administrator. No construction may commence or change of use made in any building or premise that is inconsistent with this permit. This permit is with respect to municipal regulations only. The applicant is responsible for obtaining other applicable state or federal approvals.

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason for Denial: _____

