

Village of Clinton

APPLICATION FOR CERTIFICATE OF OCCUPANCY

All applicable areas to be completed

Date of request: _____

Address of structure: _____ suite: _____

1. Name of applicant: _____
Property Owner: _____ Telephone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Square footage of principle building: _____ sq. ft.

2. **To be completed for Commercial and Industrial**
Name of Business: _____
Description of Business: _____
Business Proprietor:
Name: _____ Telephone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
List Buildings on entire lot: _____
Type of business: _____ Commercial, _____ Industrial, _____ Multi-Family Residential

3. *I hereby certify that I am the owner of record of the named property, or that the request is authorized by the owner of record and that I have been authorized by the owner of record to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction.*

Signature of Applicant _____
Date of Submittal

For Department Use Only

Property I.D. Number: _____ Zoning: _____
Structural Frame: ___ Steel, ___ Wood, ___ Masonry, ___ Concrete, ___ Brick Veneer, ___ Other: _____
Building Permit Number: _____ or City Certificate Number: _____
Request Approved: _____, Request Not Approved: _____, (see comments)
Remarks: _____

_____ + + + + _____

Authorized Signature _____
Date Approved

Issued By _____
Date Issued