



DATE: \_\_\_\_\_

### APPLICATION FOR RESIDENTIAL CERTIFICATE OF OCCUPANCY

Owner Name		Owner Address	
Owner Phone		Owner Email	
Resident Name	(if different from owner)		
Resident Address		Resident Phone	
Resident Email			

Septic System	Yes / No	Type of Septic	
Last Pump Date		Last Inspection	
Maintenance Provider			

Newsletter	I would like my address published in the newsletter- Yes / No
Careflite	I have filled out my application for Careflite Membership- Yes / No (If no, please ask for a form if interested)

#### If you intend to operate a business from your home:

Name of Business		Type of Business	
Tax ID#		Sales Tax Certificate #	
Does your home business involve storage, sales or use of the following:			
Flammable or combustible liquids (10 gal/more)	YES NO	Sale or service of food or drink of any kind	YES NO
Explosives or ammunition	YES NO	Magnesium	YES NO
On-site consumption of alcoholic beverages	YES NO	Dust producing equipment or materials	YES NO
Fireworks	YES NO	Paint/flammable material	YES NO
High pile storage of combustible items	YES NO	Poisonous or hazardous materials	YES NO
Compressed gas	YES NO	L.P. Gas	YES NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_