## **Town of Tuftonboro**

## APPLICATION FOR CERTIFICATE OF OCCUPANCY

Name of Owner			Map-Block-Lot # :			
Mailing Address			Date			
Street Address (of de	welling)			Phone #		
Building Permit num	ber :	Septic	System Approval for	Operation Date :		
To be occupied and	used as a :					
requirement Fire Protection Signature of Applic	s as set for on Associat	th by the Int	•	s with all applicate Council and the		
Date		For	Official Use only			
Final Inspection:		101	omolar ode omy			
Inspections		G.F.C.I 911 #'s	HANDRAILS	PLUMBING	ARC	
			Signature of Code	Enforcement Officer		
			Approval Date			
Approved Rejected			Certificate Nun	Certificate Number:		

Revised 30AUGUST2005