

# TOWN OF ACTON

Office of Code Enforcement: 207-636-3497 x410

Email: [ceo@actonmaine.org](mailto:ceo@actonmaine.org)

## APPLICATION FOR CERTIFICATE OF OCCUPANCY

Name of Owner(s) \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address of Project \_\_\_\_\_

Permit # \_\_\_\_\_ Map \_\_\_\_\_ / Lot \_\_\_\_\_

Type of Construction / Use of Occupancy:  Single Family Residential  Commercial  Other \_\_\_\_\_

### ***Signatures of the following are required before Certificate of Occupancy can be issued.***

I certify that I have done all the work in my area of responsibility in accordance with all applicable codes.

	Signature	Printed Name	Date	License #
Architect / Engineer	_____	_____	_____	_____
General Contractor	_____	_____	_____	_____
Builder	_____	_____	_____	_____
Fire Department	_____	_____	_____	_____
Insulation Installer	_____	_____	_____	_____
Excavator / Septic Installer	_____	_____	_____	_____
Well Installer	_____	_____	_____	_____
Foundation	_____	_____	_____	_____
Mason	_____	_____	_____	_____
Electrician	_____	_____	_____	_____
Plumber	_____	_____	_____	_____
Heating	_____	_____	_____	_____
Manufactured / Modular	_____	_____	_____	_____
Applicant	_____	_____	_____	_____
Owner	_____	_____	_____	_____

Code Enforcement Officer \_\_\_\_\_

Date \_\_\_\_\_