

*Town of Acton
State of Maine*

(phone) 207-636-3497 (fax) 636-1345

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Name of Owner _____ Telephone# _____

Mailing Address _____

Location of Property _____

Applicants Name _____ Telephone # _____

Building Permit# _____ Map _____ Lot _____

Type of construction and use of occupancy

() Wood Frame, Single family Residential () Commercial () Other _____

Signatures of the following are required before a 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.

General Contractor _____ Date _____

Builder _____ Date _____

Fire Dept _____ Date _____

(required only if equipped w/sprinkler system)

Septic Installer _____ Date _____

Well Installer _____ Date _____

Mason _____ Date _____

Electrician _____ Lic# _____ Date _____

Plumber _____ Lic# _____ Date _____

Heating _____ Lic# _____ Date _____

Applicant _____ Date _____

Owner _____ Date _____

C.E.O _____ Date _____