

TOWN OF ACTON

Office of Code Enforcement: 207-636-3497 x410

Email: 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 _____