

Certification of Occupancy Application

	Date Submitted:			
Property Location: _				
Owner/Agent's Nam	e:			
Address:			City:	
State:	Zip: _		Phone #:	
Please classify the C Commercial				Service
Please classify the Pl Commercial				Service
Please provide detail	ed information of t	he proposed and pr	revious uses of stru	cture(s):
				,
(U	se back side or atta	ch additional sheet	s of naner if neede	4)

**A fee, specific to the Zoning District, must be paid in order to process this application **
(See Back Side of this Application for Fees).

Applicant's Acknowledgement

I, the applicant, hereby acknowledge that I understand and agree that any error, misstatement or misrepresentation of material fact, whether or not deliberate, that might or would otherwise cause this application to be denied, or any change in this application made subsequent to the issuance of certification relating to this application, without the approval of the City of Newton Falls, shall constitute sufficient ground for the immediate revocation of such certification.

I, being dully sworn according to law, hereby swear and attest that I am the lawful owner or agent for the owner of the previously described property and that the allegations, representations and statements made in the attached application are accurate and complete to the best of my knowledge.

Owner or Owner's Agent Signature Certificate of Occupancy.	Date
Explanation: signifying suitability for occupancy not required, otherwise final inspection and approalso constitutes the issuance of a Certificate of Oc	val of any work done under a legal building
Fee Schedule:	
\$25.00 in any R-8, R-12, or R-15 district only.	
\$50.00 in any R-M or R-MHP district only.	. •
\$100.00 in any office, commercial, service, or ind	lustrial district only.