

TOWN OF SALEM, NEW HAMPSHIRE
INSPECTIONAL SERVICES - BUILDING SAFETY - 603-890-2020
APPLICATION FOR CERTIFICATE OF:
OCCUPANCY - COMPLETION - CHANGE OF OCCUPANT

(48 Hours Notice Required – Minimum)
To be filled out during permitting hours:
Monday – Friday 8:30-9:30am & 4:00-5:00pm

Fill in or obtain all information required below. Signatures from Planning and Engineering are required on all applications. The other signatures may be required depending on the nature of the project.

All necessary signatures must be obtained prior to putting a request date on the application. **The request date must be a minimum of 48 hours after obtaining the necessary signatures.**

All codes and regulations must be met to obtain a Certificate of Occupancy.

NECESSARY SIGNATURES

PLANNING: _____

ENGINEERING: _____

HEALTH: _____

(if C.O. is for a food establishment, septic or well)

WATER DEPT: _____

(if structure is serviced by Town Water)

FINANCE: _____

Signature above is for certifying payment or payment plan for Demand and Benefit Assessment only necessary for properties that are connecting to water and sewer.

REQUIRED INFORMATION

*****NOTE: any FIRE ALARM and/or SPRINKLER work must be completed and inspected prior to this Certificate of Occupancy being issued.**

Property Address: _____ **UNIT** _____

Map and Lot: _____

Property has: Town Water _____ Town Sewer _____ Well _____ Septic _____

CO TO BE ISSUED TO: _____
(Name of Business or Person who will occupy this space)

DESCRIPTION OF BUILDING OR SPACE FOR WHICH C O IS REQUESTED:

Square footage: _____ *CERTIFICATE OF ORIGIN FOR A MANUFACTURED HOME* _____

_____ *THE STATE OF NH. WARRANTY SEAL #* _____

Printed Name of Applicant: _____

Company Name: _____

Phone # of Applicant: _____

Signature of Applicant: _____ **Date** _____

(DATE INSPECTIONS ARE REQUESTED)