



CERTIFICATE OF OCCUPANCY

NEW HAVEN PLANNING DEPARTMENT
815 LINCOLN HIGHWAY EAST, NEW HAVEN, IN 46774
PH: (260)748-7040 FAX: (260) 748-7075



Applicant Information

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

Property Information

Only Complete this contact information if the owner is different from the applicant		
Owner Name:		
Owner Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Location of Property (address):		
Previous Use of Property:		
Proposed Use of Property:		
Square Footage Occupied:		
Number of Off-Street Parking Spaces:	Number of Employees:	

This application must be accompanied by:

- Application fee** (\$50.00). Checks should be made payable to the City of New Haven.
- Any other information deemed necessary to ensure compliance with zoning or other regulations.

I/We, certify the accuracy of all information provided with this application.

(Printed name of applicant)

(Signature of applicant)

(Date)

OFFICE USE	REVIEWED	RECEIPT NO.
	_____ (Name)	_____ (Date)
	Comments:	