

APPLICATION TO REQUEST CERTIFICATE OF OCCUPANCY

**TOWN OF
BEDFORD**

Building
Department

Fee: \$100

Permit #: _____
Certificate #: _____

Date of Application: _____

Name of Owner: _____

Complete Property Address: _____

Mailing Address: _____
If different than Property Address

Telephone: _____ Email: _____

Section-Block-Lot (Tax ID): _____

Zoning District (indicate district from the following options): _____
R4A R2A R1A R1/2A R1/4A TF VA MF EL RO CB NB LI RB PB-O PB-R PB-O(K)

Description of buildings /structures to occupy or use the premises:

Age of buildings/structures: _____

Submit a set of floor plans for a visible inspection of a residence.

Signature of Property Owner