



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: | |