

TOWN OF BEACON FALLS - DEPT. APPROVALS -

FINAL STEP FOR C.O

>>> MUST BE COMPLETED BEFORE ISSUING CERTIFICATE OF OCCUPANCY

Owner's Name:		Date:
Applicant's Name:		
Property Address:		
Description of Project:		
1. Assessor's Office: List #:	Map / Lot #	
Property Address:	Owner of Rec	cord:
Assessor's Office: PRINT	/ SIGN	DATE:
2. Tax Collector Dept.: TAXES	CURRENT	TAXES OWED
➤ Tax Collector's Office: PRINT	/ SIGN	DATE:
 Inland & Wet Lands Dept. / Store Based upon the review of the Inland Wether above Project is in Compliance with Inland & Wetlands: PRINT 	et Lands Maps, Record <mark>Su</mark> bdivis I Wetlan <mark>ds</mark> Regu <mark>l</mark> ations.	ion Map, Site Plan or other data
illiand & Wetlands: PRINT	SIGN	DATE:
4. Planning & Zoning Dept.	APPROVED	
Project approval granted by A <mark>d</mark> ministra	tive Review: YES	NO
Project approval granted by P&Z Comm	ission Review: YES	NO
Project approval granted by Zoning Boa	rd of Appeals: YES	NO
Planning & Zoning: PRINT	/ SIGN	DATE :
5. Water Pollution Control Authori	<u>ty</u>	
> <u>W.P.C.A:</u> PRINT	/ SIGN	DATE:
6. N.V.H.D Approval of or	nsite Septic Designed System and	water Well Location
N.V.H.D: PRINT	/ SIGN	DATE:
7. Public Works Dept.		
Public Works: PRINT	/ SIGN	DATE:



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7. Fire Marshal's Office Approval based	on submitted plans and review	- CT Review Code
▶ Fire Marshal Dept.: PRINT	/ SIGN	DATE:
8. Building Dept Project Compliance	e Per Plans and Review per the (CT State Building Code
▶ Building Official: PRINTJAMES BALDW	/IN/ SIGN	DATE:
Certificate of Occupancy Issue Date:	<u> </u>	
Certificate of Occupancy Number:		
Building Permit Number:		

