

# Town Of New Milford Certificate of Occupancy

## Completion Sign Off List

Owner's Name:

Location of Work Performed:

Contractor's Name:

Mailing Address:

<b>Office</b>	<b>Date</b>	<b>Initials</b>
<b>Fire Marshal</b>		
<b>Health</b>		
<b>Sewer</b>		
<b>Inland/ Wetlands</b>		
<b>Public Works</b>		
<b>Zoning</b>		
<b>Planning</b>		

**Work Performed:**

**When this form is completed, please return it to the building department in order to receive the Certificate of Occupancy.**