

Fee: _____ (Payable to Town of Niagara)

Fee Paid

Town of Niagara
Niagara, Wisconsin 54151

Certificate of Occupancy

Application date: _____

Name: _____

Address: _____

Home phone: _____ Work: _____

Cell: _____ Fax: _____

Tax Parcel number: _____

Legal description of property:

_____ 1/4 of _____ 1/4; Sect. _____ T _____ N R _____ E or

Present District (circle one): R1 R2 A1 B1 F1

I certify that I have met all the legal requirements of the State, County and Town.

Owner' signature Date

* * * * *

The Zoning Administrator will issue a Certificate of Occupancy when the following has been accomplished:

- All town permits completed and copies filed with Zoning Administrator
- Compliance with all Town Ordinances has been met
- County permits completed and copies filed with Zoning Administrator
- State permits completed and copies filed with Zoning Administrator
- DNR permits completed and copies filed with Zoning Administrator
- Required fees have been paid

Permission granted to occupy:

Zoning Administrator's signature Date

Applicant: _____