City of Sanford
Application for
Certificate of Occupancy
919 Main Street
Sanford, Maine 04073
207-324-9145

-OFFICE USE ONLY-

Application #:_____
Date:_____
Map:_____Lot:_____
Zone_____ NAICS#_____

To the INSPECTOR OF BUILDINGS, SANFORD, MAINE:

The undersigned hereby applies for the Certificate of Occupancy at: _____ in accordance with the Laws of the State of Maine, the Building Code, the Zoning Ordinance of the City of Sanford, specifications, if any, submitted herewith, and the following specifications:

Does the building have an alarm system? ___Yes* ___No

***If yes, complete the back side.**

Owner's Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Business Name: _____

Mailing Address: _____

Telephone: _____ Contact: _____

If the space is being rented or leased in any capacity, please fill out the following section:

Lessee's Name: _____

Mailing Address: _____

Telephone: _____Email: _____

Current and Proposed Use of the Building (Please describe the type of business in detail):

_____

_____

_____

_____

Applicant Signature and Date

SANFORD REGIONAL COMMUNICATIONS CENTER
Business or Residence Alarm / Site Information Form

PLEASE COMPLETE THIS FORM BY TYPING OR PRINTING NEATLY

Date: _____

Type of Facility: _____ Commercial _____ Residential

Business or Homeowner Name: _____

Property Address: _____
Street Town State ZIP

Mailing Address (If different): _____
Street / PO Box Town State ZIP

Telephone Number: _____ Alternate Number: _____

PERSONS TO BE CONTACTED WHEN ALARM ACTIVATES OR THERE IS A PROBLEM AT THE LOCATION:

Name:	Telephone # (s)
_____	_____
_____	_____
_____	_____

Directions to Property:
_____
_____
_____

Alarm Company: _____ Telephone # _____

Type of Alarm: _____ Security System _____ Fire Alarm _____ Both

Comments:
_____
_____
_____

PLEASE RETURN FORM TO: Sanford Regional Communications
935 Main St. Sanford, ME 04073
OR
FAX: 207-324-9180

*****PLEASE NOTIFY US WHENEVER CHANGES ARE MADE OR AN UPDATE IS NEEDED*****