



**Town of Van Buren
Certificate of Occupancy
Application**

320 Main Street, Ste 101
Van Buren, Maine 04785
Phone (207) 868-2886
Fax (207) 868-2222

FOR OFFICE USE ONLY
Date Received: _____
Permit #: _____
Map: _____ Lot: _____
Land Zone: _____

****This application should be in the registered property owner(s) name****

Date of Application: _____

Name: _____
Daytime Phone # _____

Address: _____
Mailing Address City/Town State Zip

Location: _____

Application applies to: Entire Structure Portion of Structure

Proposed use: _____

Last use: _____

I hereby attest that all the information supplied in the process of obtaining this certificate is true to the best of my knowledge.

Signature of Applicant

Office Use Only

Approved Denied Date: ____/____/20____

Code Enforcement Officer