

Town Of New Milford Certificate of Occupancy

Completion Sign Off List

Owner's Name:

Location of Work Performed:

Contractor's Name:

Mailing Address:

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

Work Performed:

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