



CERTIFICATE OF COMPLETION APPLICATION

*Town of
Wolfeboro*

CODE ENFORCEMENT 569-5970
www.wolfeboronh.us

Permit Number: _____

Date Received Stamp: _____

Zoning District: _____

Tax Map # _____

Property Information:

Physical Location of project: _____
Street Name & Number (or description)

Description of Project: _____

Owner Information:

Email: _____

Name: _____ Telephone #: _____

Legal Mailing Address: _____
Street or PO Box Town/City State Zip

The undersigned hereby applies for permission to occupy the project area. All construction has been completed in accordance with the Wolfeboro Planning and Zoning Ordinance, Local & State Building Codes, and all applicable regulations.

Signature of Owner

Date: _____

Approval:

Building Code approved Use as: _____

Conditions of approval: _____

Fire/Rescue

Date of Approval

Building Official

Date of Approval

9 Union Street Post Office Box 629 Wolfeboro, New Hampshire 03894



Checklist for Certificate of Completion

This Application is required for:

Decks

Sheds (less than 120 sq. ft.)

Detached Garages (no living space allowed).

(Guideline list — not all items required for all projects; addition items will be required for some projects)

___ Survey to verify setback compliance if required by approved Building Permit

___ Building finished per approved building permit with no change in floor plans or elevations. If changes have occurred, as-built drawings must be submitted prior to inspection for Certificate of Completion.

___ Stair and deck guards and railings completed with graspable handrails.