

TEL: 401-392-3800
FAX: 401-392-3805

Town of West Greenwich

INCORPORATED 1741

MAILING ADDRESS
280 VICTORY HIGHWAY
WEST GREENWICH
RHODE ISLAND 02817-2113

CERTIFICATE OF OCCUPANCY SIGN OFF SHEET

OWNER: _____ APPLICANT: _____

TO BE FILLED IN BY TAX ASSESSOR ONLY:

PLAT: _____ ASSESSORS LOT #: _____ REC. LOT # _____

911 ADDRESS: _____

APPROVED BY TAX ASSESSOR: _____

APPROVED BY TOWN PLANNER: _____

NOTES: _____

CURB CUT/ ROAD BOND: _____

NOTES: _____

APPROVED BY ZONING/ BUILDING OFFICIAL: _____

FINAL BUILDING INSPECTION: _____

FINAL PLUMBING INSPECTION: _____

FINAL MECHANICAL INSPECTION: _____

FINAL ELECTRICAL INSPECTION: _____

FIRE DEPARTMENT FINAL INSPECTION: _____

NOTES: _____

COPY OF CERTIFICATE OF CONFORMANCE: _____

(AS REQUIRED BY DEM: ISDS/ SEPTIC SYSTEM)

CERTIFICATE OF WATER QUALITY FROM A CERTIFIED LAB: _____