



**The City of Berlin  
Code Enforcement**

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Web Form

**APPLICATION FOR CERTIFICATE OF COMPLIANCE**

Please answer each question in full or check appropriate box. Each building or condominium requires a separate application. Any applicable fees must accompany this application.

Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Control No.: \_\_\_\_\_

Type of Building: Condo \_\_\_\_\_ Duplex/2 Family \_\_\_\_\_ Multi Family \_\_\_\_\_ Rooming House \_\_\_\_\_

Number of Units: \_\_\_\_\_ If rooming/boarding house: # of rooms \_\_\_\_\_ # of bathrooms \_\_\_\_\_

Retail or commercial use in building: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Building Address: \_\_\_\_\_

Other address by which building is known: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Owner's residence or other permanent address: \_\_\_\_\_

PO Box or other mailing address: \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Pager/cell phone \_\_\_\_\_ Fax/e-mail \_\_\_\_\_

Building Manager's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax / e mail #: \_\_\_\_\_

Date building acquired: \_\_\_\_\_

Name of prior Owner(s): \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

If not owner, name and relationship to owner \_\_\_\_\_

Fees due: Application \$ 15:00

Please make check payable to: **City of Berlin**

Mail to: **Code Enforcement Division, City of Berlin, 220 Main Street, Berlin, NH 03570**