



The City of Berlin Code Enforcement
Building Inspector

168 Main Street, Berlin, NH 03570
603-752-1630 Fax: 603-752-2620

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/boarded 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 _____

Cell phone _____ Fax/Email _____

Building Manager's Name: _____

Address: _____

Telephone Number: _____ Fax/Email: _____

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, 168 Main Street, Berlin, NH 03570**