Office:	IN OF DOVE 100 Princeton Aver		
Mailing Address: 37 North Sussex S NOTE : The Town of Dover Code			
	N USE ONLY		
Date Filed: Application Fee: \$125.00 P			eck NoReceipt No
Review By : Zoning UCC Fi			rcement D Other :
Initial/Date			
APPLICANT			
Name:			
Address:			
Email:	Telephone	Number	
Applicant is: Proposed Tenant □		hor	
Certificate is requested for property transaction as a resu		SALE C	 RENTAL D
PROPERTY OWNER			
Property Owner is:			
Same as Applicant Other T			
If property owner is other than the applicant, provide the following in			ner(s):
Name of Current Property Owner:			
Address:			
	_ Tel.No. (Wo	ork):	
Email:		ll):	
Name of Proposed Property Owner:			
Address:		-	
Email:	Tel.No. (Ce	II):	
Location/Address:			
	ımber:		
PROPOSED SPACE & USE(S)			
Does property contain more than one (1) tenant?	Yes 🗆	No 🗆	
Does property have a current "Certificate(s) of Complia	ance"? Yes 🗆	No 🗆	
Does property have a Site Plan approval?	Yes 🗆	No 🗆	
Is any construction work planned?	Yes 🗆	No 🗆	(A Building Permit may be Required
If Yes, Explain:			
Name of Proposed Tenant:			
Name of Proposed Tenant's Business:			
Proposed Tenant's Home Address:			
Proposed Tenant's Home Phone:	Busines	s Phone	
	Cell Pho	ne:	
			e:
Proposed Tenant's Total Square Footage to be occup			
Proposed Tenant's Total Square Footage to be occup		e nronor	sod [.]
Proposed Tenant's Total Square Footage to be occup Which of the following best describes the Principal Use Office Retail Other Comme	e of the space a		sed: strial/Manufacturing □

Name of **Previous** Tenant's Business

Which of t	the follo	wing best de	scrib	es the Principal Use of the	e spa	ce as previously used :
Office		Retail		Other Commercial		Industrial/Manufacturing
Further	Describ	e:				

Submit a drawing of a floor plan indicating the following:

- 1. All lengths and widths of all rooms and spaces to be occupied, indicating existing and proposed walls and partitions.
- 2. Heights of ceilings in all spaces.
- 3. Size and location of all existing and proposed windows.
- 4. Size, location and direction of swing of all doors and openings.
- 5. Location of all existing and proposed equipment, display shelves, aisles, passageways & corridors.
- 6. Types of material of wall construction.
- 7. Occupancy Load.
- 8. Drawing must differentiate "existing" features from "proposed".

Use the space provided or attach separate sheets:

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CERTIFICATIONS

I certify that the statements and the information submitted are true. I further certify that I am the individual applicant or that I am an Officer of the Corporate applicant and that I am authorized to sign the application for the corporation or that I am a general partner of the partnership applicant. I also certify that if I am not the property owner, that I have the consent of the property owner to make this application and that the property owner has full knowledge of the details of the application herewith being submitted.

NOTE: (If the applicant is a corporation this must be signed by an authorized corporate officer. If the applicant is a partnership, this must be signed by a general partner.) *I also understand that the above fees include the cost of the initial inspection plus one (1) reinspection. Additional reinspections, whether due to non-compliance or inability to gain access for a scheduled reinspection, will be charged \$50.00 per reinspection visit. The cost for all inspections relating to the issuance of a Certificate of Compliance shall be paid in full no less than 24 hours prior to the scheduled reinspection. APPLICANT:*

(Printed Name)

(Signature of Applicant)

(Date)