

APPLICATION FOR BLOOM TWP. CERTIFICATE OF OCCUPANCY:

Name of Home Owner:

Address of property in Bloom Township:

Contact numbers where you can be reached:

Before an Occupancy Permit will be granted, the following information must be submitted:

- 1) Legal Survey indicating the setbacks for finished residence
- 2) A signed statement that the residence/property is in full compliance with the Fairfield County Department of Health requirements
- 3) A list of any items that still need to be completed before the house is 100% complete.

_____ Date:
Property Owner

_____ Date:
Property Owner

Zoning Inspector's decision:

Occupancy Permit granted: _____

Temporary (90 days) Occupancy Permit granted: _____

Occupancy Permit denied:

_____ Date:
Zoning Inspector

SIGNED STATEMENT FOR COMPLIANCE WITH HEALTH DEPARTMENT:

I/we (names of property owners _____) &

_____ do swear or affirm that the residence located at

_____ in Bloom Township, Fairfield County,
Ohio

is in full compliance with the Fairfield County Department of Health requirements needed prior to moving into residence listed below.

_____ Date:
Property Owner

_____ Date:
Property Owner