



CITY OF SALISBURY

ZONING

CERTIFICATE OF OCCUPANCY/COMPLIANCE

ADDRESS:

TOWNSHIP:

TAX MAP:

PARCEL:

NO. STORIES:

PORTIONS OF PREMISES CONCERNED:

TYPE OF CONSTRUCTION:

OCCUPANCY:

SPECIFIC USE:

IF TEMPORARY, STATE DATE (AFTER WHICH, VOID)

CONFORMING USE:

LEGAL NON-CONFORMING:

PERMIT NO:

ZONING:

RESTRICTIONS AND LIMITATIONS:

MAXIMUM LEGAL NUMBER OF OCCUPANTS (ASSEMBLY):

IN THE OPINION OF THE UNDERSIGNED, SUBJECT PREMISES COMPLIES WITH THE APPLICABLE ZONING REGULATIONS FOR THE STATED OCCUPANCY. THE CERTIFICATION IS BASED ON THE STATED USE AND OCCUPANCY. A NEW CERTIFICATE WILL BE REQUIRED PRIOR TO CHANGE OF EITHER.

_____ ZONING ADMINISTRATOR

ISSUED TO:

ADDRESS:

DATE:

REMARKS: