

FRONTIER COUNTY
P.O. BOX 40
STOCKVILLE, NE 69042-0040
(308) 367-8641

Application Number _____

Date of Application _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY
(Certification of Work Completion and Zoning Compliance)(Reference Frontier County Zoning
Regulations Article 10, Section 10.3 page 45)

Applicant _____
(owner) (Name) (Address)

(Telephone Number)

Zoning Permit Application Number _____

Zoning Permit Application Approved _____ Date.

I certify that the provisions of the above listed zoning permit, as approved, have been fully met and that construction and/or land use complies fully with all Frontier County Zoning Regulations:

Signed: _____
Applicant (owner)

Date

CERTIFICATE OF OCCUPANCY

Application Approved _____ Date

Conditional Approval _____
(Specific Conditions)

Application Denied _____
(Reason)

Signed: _____
Zoning Administrator Date