



CERTIFICATE OF COMPLIANCE

LOCATION INFORMATION	PERMIT
Street Address:	Number:
Owner Name:	Status:
Parcel ID:	Date:

APPLICANT INFORMATION	PRIMARY CONTACT
	Name:
	Phone:
	Cell:
	Fax:
	Email:

PROJECT INFORMATION	
Use Type:	Use Class:
Description of Work:	
Work Scope:	Work Class:

REFERENCE DOCUMENTS		
DATE SUBMITTED	FILE NAME	DESCRIPTION

The changes or work authorized by the permit issued for this project have been inspected and approved as noted above. The issuance of this Certificate of Compliance acknowledges the completeness and appropriateness of the changes and or work authorized by the above referenced permit and with reference to any conditions noted above.

**DEVELOPMENT OFFICE**

201 West Water Street • Piqua, Ohio 45356
Phone (937) 778-2049 • Fax (937) 778-5165

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LOCATION INFORMATION	PERMIT
Street Address:	Number:
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Parcel ID:	Date:

INSPECTIONS			
INSPECTION	STATUS	DATE	INSPECTOR
Signature of Authorized Official:			