

CITY OF
WILTON
I O W A

104 E. 4th St., P.O. Box 27
Wilton, Iowa 52778
(563) 732-2115
FAX: 563-732-4030

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Date _____

Applicant _____

Home Address _____

Home Phone Number _____

Business Name _____

Business Address _____

Business Phone Number _____

The undersigned hereby applies for a certificate of occupancy to be issued on the basis or representatives contained herein, all of which the applicant swears to be true and the undersigned agrees that they will conform with all regulations of any and all ordinances pertaining to such occupancy of the building as set forth in this application.

Signature of Applicant

Proposed use of Address _____
