



P.O. Box 408 • Leo, Indiana 46765  
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# Certificate of Compliance

<i>FOR OFFICE USE ONLY</i>
Petition CoC ____ - ____
Fees \$

## 1. Applicant/Property Owner:

### Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## 2. Property Information:

Location (Lot #): \_\_\_\_\_

Improvement Location Permit # \_\_\_\_\_

Completion Date: \_\_\_\_\_

## 3. Compliance Inspection:

Did the project comply with all building standards? Y N

Did the applicant get all necessary permits? Y N

Did the project comply with all use standards? Y N

Did the project comply with all commitments/agreements? Y N

## 4. Zoning Administrator Review:

Inspection was completed on: \_\_\_\_\_

By (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_