



City of Manchester
Planning & Community Development Department
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APPLICATION FOR CERTIFICATE OF COMPLIANCE

Please answer each question in full or check appropriate box. Each building or condominium requires a separate application. Any applicable fees must accompany this application.

Type of Building: Condo _____ Single Family _____ Duplex/2 family _____ Multi-family _____ Rooming house _____

Number of units : _____ If rooming/boarding house: # of rooms _____ # of bathrooms _____

Retail or commercial use in building: yes _____ no _____

If yes, describe _____

Building Address: _____

Other address by which building is known: _____

Owner(s) Name(s): _____

Owner's residence or other permanent address: _____

PO Box or other mailing address: _____

Telephone numbers: Home _____ Work _____
Pager/cell phone _____ Fax / e mail # _____

Building Manager's Name: _____

Address: _____

Telephone Number: _____ Fax / e mail #: _____

Date building acquired: _____

Name of prior Owner(s): _____

Applicant's signature _____

Date _____

If not owner, name and relationship to owner _____

Fees due: Application \$ _____ Inspection \$ _____ TOTAL DUE \$ _____