



CITY OF BINGEN

PO Box 607
Bingen, WA 98605
509-493-2122/Fax 509-493-1391

Certificate of Occupancy Request for Non-Residential

Address _____

Portion of Building (Suite, ect.) _____

Proposed Use _____

Previous Use _____

Tenant _____

Contact Person _____ Phone _____

Owner _____ Phone _____

Address _____

Signature of Requestor

Date

For Office Use Only

Type of Constuction _____

Occupancy Group _____

Approved By _____

Date