

S C H E D U L E
" A "
TO
BY-LAW #1294 (1989)

CERTIFICATE OF OCCUPANCY

Date of Application _____
Property Address _____
Name _____
Address _____

Trailer Description:

Size _____ Size _____
Colour _____

Number of Persons to Occupy Trailer (Maximum) _____

Certificate of Inspection by Fire Chief (Date) _____

Approval Given by Niagara Regional Health Unit (Date)

Declaration:

I hereby declare that the above information is true to the best of my knowledge, and that the above noted trailer will be occupied only during the period between April 1st., 19____ and November 30th., 19____ by bona fide workers on the farm.

APPLICANT _____

Certificate of occupancy is hereby granted this day of _____, 19 ____.

CHIEF BUILDING OFFICIAL _____