



# TOWN OF ACTON

## APPLICATION FOR PERMIT OF OCCUPANCY

This application must be submitted not less than two weeks prior to when it is desired to occupy the building.

To the Building Inspector:

The undersigned hereby applies for a permit of occupancy

Location of Building \_\_\_\_\_  
No. Street

Occupant \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

No. of Building Permit \_\_\_\_\_

Type of Construction \_\_\_\_\_ Use Group & Occupancy \_\_\_\_\_

If in recorded subdivision, give name \_\_\_\_\_ Lot # \_\_\_\_\_

Zoning District \_\_\_\_\_

Remarks or descriptions \_\_\_\_\_

Code Edition \_\_\_\_\_

Occupant Load per floor \_\_\_\_\_

HERS Rating \_\_\_\_\_

**I HEREBY CERTIFY THAT THE DATA GIVEN ON THIS SHEET IS CORRECT AND THAT I WILL CONFORM TO ALL THE APPLICABLE BYLAWS OF THE TOWN OF ACTON.**

Plumbing & Gas Inspector \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Board of Health \_\_\_\_\_

Fire Department \_\_\_\_\_

Electrical Inspector \_\_\_\_\_

Zoning Enforcement Officer \_\_\_\_\_

Engineering Department \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

**WHEN THIS APPLICATION HAS BEEN SIGNED BY THE BUILDING INSPECTOR IT BECOMES  
THE LEGAL OCCUPANCY PERMIT**