



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