



Certificate of Occupancy Designer Questionnaire

Building Permit Number: _____

Address of Work: _____

Description of building or Space: _____

Owner Name: _____

Owner Address: _____

Occupant Load: _____

Number of Required Exits: _____

Use Group(s): _____

Type of Construction: _____

Separated/Un-Separated Occupancy: _____

If Separated, Fire Rating: _____

Sprinklers: _____ Required Y/N: _____

Is Building or Space Licensed by the State of MA, Y/N: _____

Code Edition: _____

Floor Live Load: _____

Special Stipulations: _____

Designer Name: _____ Date: _____

Stamp _____