TOWN OF NORTH READING

Massachusetts

BUILDING DEPARTMENT

CERTIFICATE OF OCCUPANCY APPLICATION FOR COMMERCIAL USE

Address of Project _____

Permit No. _____ Date Issued _____

Building is _____ ft Wide by _____ ft Long by _____ ft in Height

Type of Construction _____ .

Use Group _____ . Number of Stories _____ .

Maximum Occupancy Load _____

REQUESTED ACTION

_____ Full Certificate of Occupancy _____ Temporary Certificate of Occupancy

I hereby attest and certify that to the best of my knowledge, all work has been completed in accordance with the approved plans, permits and regulations. ALL required forms and/or affidavits are attached for approval. Incomplete items, listed on the temporary Certificate of Occupancy, will be completed by the date on said Certificate.

_____ _____ _____

Signature Seal Date

If Architect is not present please fill in the following:

Subscribed and sworn to before this _____ day of _____ 20 _____

_____ My Commission Expires: _____

Notary Public