



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

43 So. Washington Street, North Attleborough, MA 02760
Phone: 508-699-0110 Fax: 508-699-0144

ELECTRIC / **PLUMBING**
**APPLICATION FOR CERTIFICATE OF USE
& OCCUPANCY (NO ALTERATIONS)**

DATE: _____

PERMIT NO. _____

FEE: \$25

CHECK NO.: _____

TAKEN IN BY: _____

The Undersigned hereby applies for a permit to Occupy the premises located:

Property Address: _____ Map (Plat) ____ Block (Lot) ____

NAME OF OWNER/BUILDING: _____

ADDRESS _____ PHONE NO. _____

CITY/TOWN: _____ STATE: _____

Property Owner's signature: See "Building Permit Application"

TENANT (BUSINESS NAME): _____

CONTACT INFORMATION OF TENANT:

APPLICANT NAME: _____ PHONE NO. _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____

APPLICANT/TENANT SIGNATURE: _____ DATE _____

APPROVAL BY THE ELECTRICAL INSPECTOR: _____ **DATE** _____

APPROVAL BY THE PLUMBING INSPECTOR: _____ **DATE** _____