



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

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

Change of Use Check Off Box

**APPLICATION FOR CERTIFICATE OF USE
& OCCUPANCY *(NO STRUCTURAL CHANGES)***

DATE: _____

PERMIT NO. _____

FEE: _____

CHECK NO.: _____

TAKEN IN BY: _____

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO **OCCUPY** THE PREMISES LOCATED -

PROPERTY ADDRESS: _____ ZONING DISTRICT: _____

MAP(PLAT) : _____

BLOCK(LOT) : _____

TYPE OF CONSTRUCTION _____

USE GROUP CLASSIFICATION _____

OCCUPANCY LOAD _____

NAME OF OWNER/BUILDING: _____

ADDRESS _____ PHONE NO. _____

CITY/TOWN: _____ STATE: _____

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

BRIEF DESCRIPTION OF WORK IF ANY BEING PERFORMED IN SPACE:

I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

APPLICANT/TENANT SIGNATURE: _____

RECEIVED IN BY THE INSPECTOR OF BUILDINGS: _____

DATE: _____

SPECIAL CONDITIONS OR STIPULATIONS OF THE BUILDING PERMIT: *(INCLUDING ZBA FINDINGS)

TENANT (BUSINESS NAME): _____

CONTACT INFORMATION OF TENANT:

APPLICANT NAME: _____ PHONE NO. _____

STREET ADDRESS: _____

CITY/TOWN: _____ STATE: _____

EXISTING USE OF THE BUILDING: _____

PROPOSED USE OF THE BUILDING: _____

LICENSING AUTHORITIES: _____ DATE: _____
(IF APPLICABLE)

BOARD OF HEALTH: _____ DATE: _____
(IF APPLICABLE)

TAX COLLECTOR STAMP:



NOTE: IF YOU ARE INSTALLING A SIGN ON THE BUILDING, A SEPARATE BUILDING PERMIT WILL NEED TO BE APPLIED FOR AND ISSUED PRIOR TO INSTALLATION OF SIGN.