

# Application for a Certificate of Occupancy Permit

Current Property: \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Owner on Record: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E Mail Address \_\_\_\_\_

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/City/State/Zip: \_\_\_\_\_

Code Edition : \_\_\_\_\_ Use Group: \_\_\_\_\_  
No. of Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Total Living area only: \_\_\_\_\_ SQFT. Total Basement Area only: \_\_\_\_\_ SQFT.  
Total Occupied Area: \_\_\_\_\_ SQFT. Total Number of Garage Stalls: \_\_\_\_\_

Max. Design Live Load per Story: \_\_\_\_\_

Max. Occupant Load : \_\_\_\_\_ Total Parking Spaces Provided: \_\_\_\_\_

## Special Conditions

I as the owner of record, or authorized agent do hereby request a final inspection for the purposes of obtaining a Certificate of Use or Occupancy or a Temporary Certificate of Occupancy in accordance with provisions of the Mass State Building Code 780 CMR 120.  
(please circle one)

I hereby to the best of my knowledge believe that all work has been completed in accordance with the approved permit and plans on file. I hereby to the best of my knowledge believe that all required final inspections have been performed, including any required by the Seekonk Fire Department in accordance with provisions of 527 CMR.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Special Note:

1) Applicant is hereby notified that a re-inspection fee in the amount of \$25.00 may be charged if during the final inspection work is found to be incomplete. The fee if applied must be paid in full prior to re-scheduling.

2) All Projects under the Construction Control Act you must attach all signed and stamped affidavits.