



CITY OF MELROSE

APPLICATION FOR OCCUPANCY PLEASE PRINT

Date_____

Tracking#_____

* Street Address_____Business Name_____

Business Owner: _____Telephone#_____

Address_____City_____Zip_____

Applicant: _____Telephone#_____

Address_____City_____Zip_____

Occupant: _____Telephone#_____

Address_____City_____Zip_____

Building Owner: _____Telephone#_____

Address_____City_____Zip_____

Zone_____Parking Provided_Yes_____No_____If yes, how many spaces_____size_____

To Occupy for_____

*Signature of Building Owner:_____

Signature of Business Owner:_____

Signature of Applicant:_____

I HEREBY APPLY FOR AN OCCUPANCY PERMIT IN ACCORDANCE WITH MELROSE ZONING ORDINANCE CHAPTER 235 AND THE MASSACHUETTES STATE BUILDING CODE. UNDER THE PENILTIES OF PERJURY I HEREBY REPRESENT ALL INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE.



OCCUPANCY SIGN OFF SHEET

Building Commissioner _____

Wire Inspector _____

Plumbing Inspector _____

Gas Inspector _____

Fire Department _____

Police Department (details paid) _____

D .P. W _____

Board of Health _____

Engineering _____

Planning Department _____

Water Department _____

NAME _____

ADDRESS _____

To Occupy For _____

Please note: The Building Commissioner is the last to sign this sheet

PERMIT NUMBER _____

ADDRESS _____

PAID/CHECK _____

BUILDING OFFICIAL _____