

**CITY OF CAMBRIDGE
 INSPECTIONAL SERVICES DEPARTMENT
 831 MASS AVENUE, CAMBRIDGE, MA 02139
 PHONE: 617-349-6100
 FAX: 617-349-6132 OR 617-349-6183
 TDY: 617-349-6112**

REQUEST FOR CERTIFICATE OF USE & OCCUPANCY

In accordance with the provisions of Chapter 143 of the General Laws, Section 119.0 of the Massachusetts State Building Code, and the City of Cambridge Zoning Ordinance, application is hereby made for a "CERTIFICATE OF USE & OCCUPANCY"

To Be Filled Out By Applicant:

LOCATION _____ **BUSINESS NAME** _____

OWNER _____

ADDRESS _____ **TEL. NO.** _____

List Occupancies:

	Sq. Ft		Sq. Ft.
BASEMENT _____	_____	FOURTH _____	_____
FIRST _____	_____	FIFTH _____	_____
SECOND _____	_____	ADD'L LEVELS _____	_____
THIRD _____	_____	ROOF _____	_____
PARKING _____	_____		

Signature of Applicant _____ **TITLE:** _____
Date _____

NOTE: Applicant is responsible for securing signatures of the following Inspectors.

Inspectors Approval

Date of Approval

Zoning Specialist _____	_____
Building Inspector _____	_____
Wiring Inspector _____	_____
Plumbing Inspector _____	_____
Housing Inspector _____	_____
Sanitary Inspector _____	_____
Fire Department _____	_____
Other _____	_____

For Office Use Only

TYPE OF CONSTRUCTION _____ **DATE BUILT** _____

PERMIT NUMBER _____ **BIN #** _____

ARCHITECT _____

CONTRACTOR _____

DATE OF PERMIT _____ **USE CLASS** _____
(Zoning Ordinance)

OCCUPANCY GROUP _____ **USE ZONE** _____
(Building Code) (Zoning Ordinance)

Safety Provisions:

- | | |
|--|---|
| <input type="checkbox"/> EXIT SIGNS | <input type="checkbox"/> SPRINKLERS |
| <input type="checkbox"/> FIRE ALARM | <input type="checkbox"/> FIRE EXTINGUISHERS |
| <input type="checkbox"/> EMERGENCY LIGHTS | <input type="checkbox"/> EXIT DOORS SWING OUT |
| <input type="checkbox"/> STAIRWELL DOOR SELF CLOSING | <input type="checkbox"/> OTHER _____ |

Second Means of Egress:

- | | |
|--|---|
| <input type="checkbox"/> COMMUNICATING DOORS | <input type="checkbox"/> STAIR ENCLOSURES |
| <input type="checkbox"/> FIRE ESCAPES | <input type="checkbox"/> SMOKE SCREENS |
| <input type="checkbox"/> AREA OF REFUGE | <input type="checkbox"/> OTHER _____ |

Payment Received by _____

Date Issued _____