CITY OF CAMBRIDGE
Inspectional Services Department
831 Massachsuetts Avenue
Cambridge, MA 02138
Tel: 617-349-6100
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Ranjit Singanayagam
Commissioner

REQUEST FOR CERTIFICATE OF USE AND OCCUPANCY

In accordance with the provisions of Chapter 143 of the Mass General Laws, Section 111.1 of the Massachusetts State Building Code, and the City of Cambridge Zoning Ordiance, application is hereby made for a "Certificate of Use & Occupancy".

To Be filled out by Applicant: Date _____

Location _____

Building Owner: _____

Address: _____

Telephone Number: _____ Email _____

Business Owner: _____

Address: _____

Telephone Number: _____

List Occupancies: _____ Email _____

Basement _____ Sq. Ft. _____
First _____ Sq. Ft. _____
Second _____ Sq. Ft. _____
Third _____ Sq. Ft. _____
Fourth _____ Sq. Ft. _____
Fifth _____ Sq. Ft. _____
Add'l Levels _____ Sq. Ft. _____
Roof _____ Sq. Ft. _____
Parking _____ Sq. Ft. _____

Signature of Applicant _____ Date _____

Title _____

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

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

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:

( ) EXIT SIGNS
( ) FIRE ALARM
( ) EMERGENCY LIGHTS
( ) STAIRWELL DOOR SELF CLOSING
( ) SPRINKLERS
( ) FIRE EXTINGUISHERS
( ) EXIT DOORS SWING OUT
( ) OTHER _____

Second Means of Egress:

( ) COMMUNICATING DOORS
( ) FIRE ESCAPES
( ) AREA OF REFUGE
( ) STAIR ENCLOSURES
( ) SMOKE SCREENS
( ) OTHER _____

Payment Received by _____

Date Issued _____