

PLEASE KEEP THIS FORM ON THE PREMISES AT ALL TIMES

TOWN OF MATTAPOISETT
BUILDING DEPARTMENT
APPLICATION FOR
CERTIFICATE OF OCCUPANCY

DATE _____

TO _____
FULL NAME OF OWNER

ADDRESS

CITY STATE ZIP CODE

ADDRESS OF PREMISES PLOT LOT

BOARD OF HEALTH REMARKS

HIGHWAY DEPARTMENT REMARKS

WATER & SEWER DEPARTMENT REMARKS

BUILDING DEPARTMENT REMARKS

WIRING DEPARTMENT REMARKS

GAS INSPECTOR REMARKS

PLUMBING INSPECTOR REMARKS

FIRE DEPARTMENT REMARKS

CONSERVATION COMMISSION REMARKS

**NO BUILDING OR PREMISE SHALL BE EQUIPPED WITH PERSONAL GOODS OR
FURNISHINGS OR INHABITED UNTIL AN OCCUPANCY PERMIT IS ISSUED BY THE
BUILDING DEPARTMENT.**