



Town of Andover Building Department

36 Bartlet Street Andover, MA. 01810
Office: 978-623-8620 Fax: 978-623-8692

Application for Certificate of Use/Occupancy/Re-Occupancy

(Application is required for 780 CMR Controlled Construction Projects only)

Building Address:	Suite Number(s):
Building Permit Number:	Application Date:
Tenant's Name:	
Describe space for which occupancy is being requested:	
Floors to be Occupied:	Size of tenancy: S.F.
This project would best be described as: <input type="checkbox"/> Newly Constructed Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Change of Owner <input type="checkbox"/> Additional Occupant <input type="checkbox"/> Change of Occupant - Formerly occupied by:	
<input type="checkbox"/> Change of Use – Use separate sheet to describe prior use and prior/new hazard index numbers	
Brief Summary of Work Performed:	

Building Code Information (to be completed by Architect or Engineer of Record):

Building Code Edition:	Live Loads:
Use/Occupancy:	
Use Group: <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-2nc <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U-Utility <input type="checkbox"/> Mixed Use (Describe uses on separate sheet, indicate if non-separated or separated, indicate fire rating) <input type="checkbox"/> Special Use (specify):	

Type of Construction: <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B
Occupant Load Per Floor: Basement First Floor Second Floor Third Floor

If several spaces are involved, attach 8 1/2" x 11" basic floor plan(s) and seating plan (where applicable) with occupant load listed on plan for each space. Plan must be certified by Architect/Engineer of record.
Occupant Loads are posted per 780 CMR

Did Project Require: Zoning Variance, Special Permit Historic Districts Approval Planning Dept. Approval
 Access Board Variance Building Code Variance Conservation Approval Health Dept. Approval
 Common Victualer's License Other, Explain

If yes, have all conditions of approval been met and required licenses obtained? Yes No - Explain on separate sheet

The following documents must be submitted with this application (where applicable):

Controlled Construction final affidavits: Attached Not Required – Explain on separate sheet

As-built drawings (required per 780 CMR 903.1.4 and wherever project varies from approved plans):
 Attached Not Required – Explain:

As-built plot plan (including utilities): Attached Not Required – Explain on separate sheet

AFFIDAVIT: I hereby certify that I am the architect/engineer of record for the above referenced project and that the information provided, to the best of my knowledge, information and belief, is complete and correct:

Signature of Architect/Engineer of Record: _____

Printed Name of Architect/Engineer of Record: _____

Company Name: _____

Address: _____

Phone: _____

Arch./Engineer Seal

Please include all documents in PDF format on an attached flash drive

Where a Certificate of Occupancy is required by 780 CMR, the space may not be occupied until Certificate of Occupancy has been issued.

Address:		Tenant's Name	
Suite Number:	Building Permit Number:	Application Date:	
OFFICE USE ONLY			
Date Received:		Received By:	
Receipt No.:		Fee:	
TEMPORARY OCCUPANCY			
Inspection Date:		Approved By:	
Temporary C.O. Issued (Date):			
Expiration Date:			
Conditions of Temporary Occupancy:			
Conditions of Temporary Occupancy:			
FINAL OCCUPANCY			
Inspection Date:		Approved By:	
Final C.O Issued (Date):			
Conditions of Certificate of Occupancy:			