

APPLICATION FOR COMMERCIAL USE AND OCCUPANCY

TOWN OF CARVER

PERMITTING DEPARTMENT

108 Main Street Carver MA 02330
(508) 866-3450 Fax: (508) 866-3430

The Certificate of Occupancy, requires that a building, structure or facility may not be used or occupied without a Certificate of Occupancy issued by a Building Official.

Address of Property: _____ Parcel ID#: _____

Zoning Dist: _____ ZBA Decision: _____ Historical? Y/N

Property Owner: _____ Address: _____

Phone: _____ Email: _____

Signature of Property Owner: _____

Business Owner: _____ Address: _____

Phone: _____ Email: _____

Name(s) and phone number(s) for after-hours contact for emergencies:

Design occupant load per floor (as determined by a design professional) _____

Is the building sprinkled? Yes No Is there a Fire Alarm System? Yes No

I declare under the pains and penalty of perjury that this has been examined by me and to the best of my knowledge and belief it is true, correct and complete.

Signature of Business Owner (Applicant)

Date

PLEASE INCLUDE WITH THIS APPLICATION:

1. Narrative stating the nature of the business. Please fill out on the back of this application.
2. Floor plan 1/4" to scale

RESTAURANTS AND NIGHTCLUBS MUST PROVIDE THE FOLLOWING:

1. Copy of proposed floor plan prepared by a MA registered professional architect or engineer; The floor plan shall indicate the location of all tables and chairs, restroom facilities and all equipment.
2. Occupant load and calculations.
3. Egress diagram.

OFFICIAL USE ONLY

Building Official / Date

Fire Dept / Date

Narrative

Please include the following information:

Nature of Business:_____

Days and Hours of Operation:_____

Occupancy Load Including Employees: _____

Change of signage requires a separate permit