

***Town of Boylston
Request for Certificate of Occupancy***

I _____ hereby apply for a Certificate of Occupancy for

Address _____ Map # _____ Parcel # _____

a building which was constructed under **BUILDING PERMIT #** _____ **Dated** _____

This sheet must be signed by each inspector upon the completion of their final inspection.

Plumbing Approved by _____ Date _____

Gas/Propane Approved by _____ Date _____

Electrical Approved by _____ Date _____

Board of Health – septic Approved by _____ Date _____

Number of bedrooms per septic design and or gallons per day: Bedrooms _____ Gallons per day _____

Board of Health – well Approved by _____ Date _____

Water District – water Approved by _____ Date _____

Water District – Backflow Approved by _____ Date _____

Fire Dept. - Smoke Alarms Approved by _____ Date _____

Fire Dept. - Carbon Alarms Approved by _____ Date _____

Fire Dept. - Sprinklers Approved by _____ Date _____

Fire Dept - Oil Furnace Approved by _____ Date _____

Fire Dept. – Propane Tank Approved by _____ Date _____

Fire Dept. - House Number Installed Yes No # _____

Highway Dept. – Driveway Approved by _____ Date _____

Treasurer & Collector Approved by _____ Date _____

Board of Assessors Appraised by _____ Date _____

Building Commissioner Approved by _____ Date _____

Certified Foundation Plan Submitted Yes No

Construction Check List Submitted Yes No

This sheet is the responsibility of the permit holder and must be completed prior to the issuance of a Occupancy Permit

Mark C Bertonassi
Building Commissioner
Town of Boylston, MA.