

**Town of Lexington**  
**Building Department**  
 1625 Massachusetts Avenue  
 Lexington, MA 02420  
 PH: 781-698-4530 Fax: 781-861-2780



# Application for Certificate of Use/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.	
<b>This project would best be described as:</b> <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:	
<b>Use Group:</b> <input type="checkbox"/> A-1, <input type="checkbox"/> A-2, <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): _____	
<b>Type of Construction:</b> <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	
<b>Occupant Load Per Floor:</b> 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 <input type="checkbox"/>	
Did Project Require: <input type="checkbox"/> Zoning Variance, Special Permit, <input type="checkbox"/> Historic Districts Approval, <input type="checkbox"/> Planning Dept. Approval <input type="checkbox"/> Access Board Variance, <input type="checkbox"/> Building Code Variance <input type="checkbox"/> Conservation Approval, <input type="checkbox"/> Health Dept. Approval, <input type="checkbox"/> Common Victualer's License, <input type="checkbox"/> Other, Explain _____	
If yes, have all conditions of approval been met and required licenses obtained? Yes <input type="checkbox"/> , No <input type="checkbox"/> - Explain on separate sheet	
Application is for: final certificate <input type="checkbox"/> , temporary certificate <input type="checkbox"/> If application is for temporary certificate, describe on separate sheet area for which temporary occupancy is requested, what work remains, and anticipated completion date.	
For temporary occupancy, is area substantially complete and safe to occupy? Yes <input type="checkbox"/> , No <input type="checkbox"/> - Explain on separate sheet	

The following documents must be submitted with this application (where applicable):	
Controlled Construction final affidavits: <input type="checkbox"/> Attached, <input type="checkbox"/> Not Required – Explain on separate sheet	
As-built plot plan (required for all new buildings and additions): <input type="checkbox"/> Attached, <input type="checkbox"/> Not Required – Explain on separate sheet	
<b>AFFIDAVIT:</b> 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: _____	<b>Arch./Engineer Seal</b>

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

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