



Application for Certificate of Use/Occupancy

Please Print Legibly

Certificate Fee: \$30.00

Date: _____

Property Address: _____ Map #: _____ Parcel #: _____

Name: _____ Telephone Number #: _____

Business Name: _____

Mailing Address (if different): _____ City / State: _____

Description of Use (or Business, if applicable)

In applying for this certificate of Use / Occupancy, I certify that the use described above is the extent of the use planned for this address. Further, if this certificate is requested for a home occupation, I agree to abide by the Special Regulations as defined in Chapter IX of the Ipswich Zoning Bylaw.

Applicant Signature Date

Electrical Inspector	Date	Planning Director	Date
Plumbing Inspector	Date	Health Director	Date
Fire Inspector	Date	Conservation Agent	Date
Police Chief	Date	Building Inspector	Date

Please return application accompanied by \$30.00 application fee to Town Of Ipswich, Code Enforcement, 25 Green Street, Ipswich, MA 01938. Please call (978) 356-6605 extension 8 if you have any questions. Thank you.

For Office Use Only

Permit #: _____

Approved for Use as: _____

Limitations: _____

Max Live Load _____ Construction Type _____ Use Group _____ Maximum Occupancy Load _____