

**Town of Lexington
Building Department**

1625 Massachusetts Avenue
Lexington, MA 02420
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**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.	
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-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: (see BN-09 for additional information): 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	

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 drawings (required per 780 CMR 903.1.4 and wherever project varies from approved plans): <input type="checkbox"/> Attached, <input type="checkbox"/> Not Required – Explain: _____
As-built plot plan (required for all new buildings and additions): <input type="checkbox"/> Attached, <input type="checkbox"/> Not Required – Explain on separate sheet

<p>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:</p> <p>Signature of Architect/Engineer of Record _____</p> <p>Printed Name of Architect/Engineer of Record: _____</p> <p>Company Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>	<p>Arch./Engineer Seal</p>
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**Where a Certificate of Occupancy is required by 780 CMR, the space may not be occupied until the Certificate of Occupancy has been issued. See BN-07 for more information.
For phased occupancy, see BN-08**

Address:	Tenant's Name
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Suite Number:	Building Permit Number:	Application Date:
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OFFICE USE ONLY

Date Received: _____ Received By: _____ Fee: _____
Receipt No.: _____

TEMPORARY OCCUPANCY

Inspection Date: _____ Approved By: _____

Temporary C.O. Issued (date): _____ Expiration Date:

Conditions of Temporary Occupancy:

FINAL OCCUPANCY

Inspection Date: _____ Approved By: _____

Final C.O Issued (date): _____

Conditions of Certificate of Occupancy: