



City of Woburn

Massachusetts

Department of Inspection Services

Phone: (781) 897-5840 Fax: (781) 897-5849

Certificate of Occupancy Application for Existing  
Structures and Uses

Occupancy Permit # \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \_\_\_\_\_  Cash

Check # \_\_\_\_\_  Check

Location: \_\_\_\_\_ Zone: \_\_\_\_\_

Special Permit  Variance (Provide copies if Applicable)

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Use of Property as per Zoning Ordinance Sec. 5: \_\_\_\_\_

Use Group and Occupancy as per 780 CMR Chap. 3: \_\_\_\_\_

Occupancy Load per floor as per 780 CMR: \_\_\_\_\_

To be submitted with application: 1) Certified Plot Plan with structures, parking, and useable open space indicated, 2) Documentation that will support all claims, and 3) \$50.00 application fee.

Applications will be returned to you after zoning officer signs off so that you may proceed in obtaining all other approvals. Once you have all approvals, return to Inspectional Services to obtain Certificate of Occupancy.

\_\_\_\_\_  
Zoning Enforcement Officer 781.897.5840

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Department 781.897.1383

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Health 781.897.5920 (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Board 781.897.5817 (If Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electrical Inspector 781.897.5846

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plumbing Inspector 781.897.5847

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Inspector 781.897.5840

\_\_\_\_\_  
Date

I hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my belief and knowledge, signed under the pains and penalties of perjury.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**CERTIFICATION OF TREASURER/COLLECTOR**  
(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

**NOTE - ALL LINES MUST BE COMPLETED BY APPLICANT.**

- 1. Parcel which directly relates to the application filed. (*This numeric Parcel I.D. can be found: on the tax bill, or in Street Listing Records at the Building or Assessor's office. Web: <http://data.visionappraisal.com/WoburnMA/>.*)

(Example I.D.: 12-34-56) Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

- 2. **Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties within the city of Woburn?**

Circle one: NO YES

A beneficial interest can be as an individual, partnership, trust, LLP, LLC etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

- 3. **Property Address where permit is sought:** \_\_\_\_\_  
Real Estate Owner Name(s): \_\_\_\_\_  
Real Estate Owner(s) Legal Business Name (if any): \_\_\_\_\_  
Real Estate Owner's Residential Address (if different): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Tenant/Lessee Name: \_\_\_\_\_  
Legal Business Name (if any): \_\_\_\_\_  
Tenant's Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

- 4. **Check one:**  Residential  Individual/Sole Proprietor  Corporation  
 Trust  LLC/LLP  Other \_\_\_\_\_

- 5. **I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.**

\_\_\_\_\_  
Date Signature of Applicant Property Owner or Tenant (Not contractor)  
\_\_\_\_\_  
Title Print Name

**(For Office Use Only)** **CERTIFICATION OF TREASURER/COLLECTOR**  
The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:  
\_\_\_\_\_  
Certification Date  
EXPIRES: \_\_\_\_\_  
\_\_\_\_\_  
Treasurer/Collector