



**TOWN OF BARNSTABLE
BUILDING DEPARTMENT
APPLICATION FOR CERTIFICATE OF OCCUPANCY**

Building Permit application number _____
Date _____
Address of structure _____
Map/Parcel _____
Area of structure C.O. will be issued to _____
Name of Tenant _____

Edition of Building Code (under which the building permit will be issued) _____
Use and Occupancy Classification _____
Type of Construction _____
Design Occupant Load _____
Is the facility licensed by a State agency? Yes No
If Yes
If yes, name of agency _____
Relevant Code of MA Regulations (CMR) that apply

<i>Sprinklers</i>		
Sprinklers provided?	Yes	No
Sprinklers required?	Yes	No

Building Department Use only

Special Conditions:

