

**USE AND OCCUPANCY PERMIT REQUEST FORM**

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

Fee \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

The undersigned attest that the structure and property were constructed, remodeled and/or occupied in conformance with the applicable laws and regulations of the Commonwealth of Massachusetts and the Town of Avon.

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Builder's Name: \_\_\_\_\_  
(Print) (Signature)

Designer's Name: \_\_\_\_\_  
(Print) (Signature)

Date of Submission of completed form: \_\_\_\_\_

Use and classification of structure: \_\_\_\_\_

Maximum Occupant load: \_\_\_\_\_

The indicated Boards, Commissions, and Departments **MUST** sign off before an Occupancy Permit will be issued by the Avon Building Inspector:

X	Department	Date	Approve	Comments
<input type="checkbox"/>	Tax Collector			
<input type="checkbox"/>	Water Dept.			
<input type="checkbox"/>	Planning Board			
<input type="checkbox"/>	Board of Health			
<input type="checkbox"/>	Conservation			
<input type="checkbox"/>	Fire Dept.			
<input type="checkbox"/>	Highway Dept.			
<input type="checkbox"/>	Wiring Inspector			
<input type="checkbox"/>	Plumbing Inspector			
<input type="checkbox"/>	Gas Inspector			
<input type="checkbox"/>	Selectmen			
<input type="checkbox"/>	Building Inspector			