



Town of Clinton

Application for Use Occupancy

242 Church St. Clinton Ma. 01510



Telephone# **Office** (978) 365-4128 **FAX** (978) 612-0202

Building Commissioner
Zoning Enforcement Officer
Tony Zahariadis

In Accordance with, the Town of Clinton's Zoning By-Laws Section 9110.

Approval of this application will serve as **Certification of Compliance** for zoning **only**.

All other departments (Board of Health, Selectmen, etc.) have their own requirements that need their specific approvals.

Application for this permit shall be accompanied by the exact location of the use being applied for.

- Submit floor plan and indicate where in the main building you are located.
- Submit a floor plan of the interior space which you plan on occupying.

\$ 60.00 flat fee

Date Received

1. Person and Location of Use being applied for Section

Name: _____ Address: _____

Business Name: _____ Address: _____

Telephone Number Home: () _____ Business: () _____ Cell: () _____

2. Owners and Property Information Section

Address of property: _____ Assessors Map: _____ Parcel: _____

Owner of Record: _____ Date of Application: _____

Address of Owner: _____

Telephone Numbers Home () _____ Work () _____ Cell () _____

3. Business or Retail Information Section

Owners Name: _____ Address: _____

Telephone Numbers Home: () _____ Business: () _____ Cell: () _____

Name of Business/ Corporation: _____

Hours/ Days of Operations: _____

Organization Names: _____

Business Address; _____ Phone Number: _____

Location of the Use being applied for: _____

Use Classification: _____ Number of Occupancy: _____

4. Corporation Information Section

Telephone Numbers Home: (___) _____ Business: (___) _____ Cell: (___) _____

Name of Business/ Corporation: _____

Articles of Organization: _____

Organization Names: _____

Business Address; _____

Telephone Numbers Home: (___) _____ Business: (___) _____ Cell: (___) _____

Location of the Use being applied for: _____

Use Classification: _____ Number of Occupancy: _____

5. Religious Information Section

Owners Name: _____ Address: _____

Telephone Numbers Home: (___) _____ Business: (___) _____ Cell: (___) _____

Non profit number: _____

Articles of Organization: _____

Organization Names: _____

Business Address; _____ Phone Number: _____

Location of the Use being applied for: _____

Use Classification: _____ Number of Occupancy: _____

6. Educational Information Section

Name of Educational listing: _____

List Educational programs: _____

Where on site are they offered: _____

Class room location: _____

List of qualifications offering: _____

Instructors', trainers, teachers: _____

Hours programs are offered: _____

