



Town of Clinton

Application for Use Occupancy

242 Church Street, Clinton MA 01510
Tel: (978) 365-4128



**Building Official
Zoning Enforcement Officer
James W. Salmon**

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

<p>Approval of this application will serve as Certification of Compliance for zoning only.</p> <p>All other departments (Board of Health, Selectmen, etc.) have their own requirements that need their specific approvals.</p> <p>Application for this permit shall be accompanied by the exact location of the use being applied for.</p> <ul style="list-style-type: none"> Submit a 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. <p>\$ 60.00 flat fee</p>	<p>Date Received</p>
<p>1. Person and Location of Use</p> <p>Name: _____ Address: _____</p> <p>Business Name: _____ Address: _____</p> <p>Telephone Numbers: Home: () _____ Business: () _____ Cell: () _____</p>	
<p>2. Owners and Property Information</p> <p>Address of Property: _____ Assessors Map: _____ Parcel: _____</p> <p>Owner of Record: _____ Date of Application: _____</p> <p>Address of Owner: _____</p> <p>Telephone Numbers: Home: () _____ Work: () _____ Cell: () _____</p>	
<p>3. Business or Retail Information</p> <p>Owners Name: _____ Address: _____</p> <p>Telephone Numbers: Home: () _____ Business: () _____ Cell: () _____</p> <p>Name of Business/Corporation: _____</p> <p>Hours/Days of Operations: _____</p> <p>Organization Name: _____</p> <p>Business Address: _____ Phone Number: _____</p> <p>Location of the Use being applied for: _____</p> <p>Use Classification: _____ Number of Occupancy: _____</p>	

4. Corporation Information

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

Name of Business/ Corporation: _____

Articles of Organization: _____

Organization Name: _____

Business Address: _____

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

Location of the Use being applied for: _____

Use Classification: _____ Number of Occupancy: _____

5. Religious Information

Owners Name: _____ Address: _____

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

Non-profit Number: _____

Articles of Organization: _____

Organization Name: _____

Business Address: _____ Phone Number: _____

Location of the Use being applied for: _____

Use Classification: _____ Number of Occupancy: _____

6. Educational Information

Name of Educational listing: _____

List Educational programs: _____

Where on site are they offered: _____

Classroom location: _____

List of qualifications offering: _____

Instructors, trainers, teachers: _____

Hours programs are offered: _____

