



TOWN OF SAUGUS
INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

Inspectional Services Department

Telephone: (781) 231-4115
(781) 231-4116

Town of Saugus Permit # _____

Building Department Date _____

Application for Building Occupancy Permit

To the Inspector of Buildings:

The undersigned certifies that the building or structure here-after described is substantially complete and complies in every aspect with the zoning by-laws and building ordinances of the Town of Saugus, except as hereinafter stated; and hereby applies for an Occupancy Permit in accordance with section 21, of said zoning by-laws.

- Purpose of Occupancy _____
- Owner's Name _____
Address _____
- Proposed Occupant _____
Address _____
- Location of building – No. _____ Street _____
- New or Existing Building?
Construction Permit issued? _____ Permit # _____
- New or continued Occupancy? _____
Permits or licenses issued by other departments for Occupancy _____

State specifically and in detail any variances from the zoning by-law or building ordinances of the Town of Saugus.

Signature of Applicant

Remarks: _____

