



TOWN OF WAREHAM
INSPECTIONAL SERVICES

APPLICATION FOR CHANGE OF USE/OCCUPANCY

DATE: _____ ZONING DISTRICT: _____ LOT: _____ MAP: _____

NAME OF OWNER: _____ NAME OF TENANT: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PROPOSED USE: _____

DESCRIPTION: _____

APPROVALS:

BUILDING INSPECTOR: _____

ELECTRICAL INSPECTOR: _____

PLMBG/GAS INSPECTOR: _____

BOARD OF HEALTH: _____

BOARD OF SELECTMEN: _____

FIRE DEPARTMENT: _____

WATER DEPARTMENT: _____

SEWER DEPARTMENT: _____

TOWN CLERK: _____

SIGNATURE OF APPLICANT : _____

MAILING ADDRESS : _____

TELEPHONE NUMBER: _____

PLEASE NOTE:

RETURN COMPLETED APPLICATION WITH ALL SIGNATURES TO THE INSPECTIONAL SERVICES DEPARTMENT WITH A CHECK FOR \$25.00 MADE PAYABLE TO THE TOWN OF WAREHAM.