



TOWN of BROOKLINE

Massachusetts

BUILDING DEPARTMENT

Daniel F. Bennett
Building Commissioner

REQUEST FOR TEMPORARY OCCUPANCY

Certificate of Occupancy Number: _____ Date: _____

FEE: \$50 Per Month, Per Unit Min. of 3 months unless otherwise approved.

Permit No: _____

Permission is requested for the temporary occupancy of the subject premises:

Location: _____ Square feet of unit: _____

Interior Exterior Floor Basement First Second Other

For a period of _____ month(s) requested and signed by:

Owner Applicant Contractor

NAME: _____ TITLE: _____

Construction License No. & Expiration Date: _____

Phone: _____ Cellphone: _____

ISSUED TO: _____

ADDRESS: _____

Construction Type: wood frame Masonry Structure Steel Concrete other

BUILDING INSPECTOR: (REASON FOR TEMPORARY OCCUPANCY STATUS)

APPROVED BY: _____

PROPOSED USE: _____

(This information will be shown on certificate)

FEE: _____ RECEIPT: _____ DATE ISSUED: _____

EXPIRED DATE: _____