

**CERTIFICATE OF OCCUPANCY**  
**TOWN OF WESTFORD**

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Parcel # \_\_\_\_\_

The undersigned herewith requests an inspection of the premises and issuance of "Certificate of Occupancy" of premises, or portion thereof, for use or habitation.

For new construction, rehabilitation or alteration, which was done under authority of zoning permit

# \_\_\_\_\_ issued \_\_\_\_\_ to: \_\_\_\_\_  
(name of permit holder)

Intended use of premises \_\_\_\_\_  
(type of use)

Construction began on \_\_\_\_\_ and completed on \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Administrative Use**

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Septic Permit Issued: \_\_\_\_\_

Access Permit Issued: \_\_\_\_\_

Building Permit Issued: \_\_\_\_\_

State Permit # \_\_\_\_\_ Issued: \_\_\_\_\_

Type of well \_\_\_\_\_ Depth \_\_\_\_\_ G/P/M \_\_\_\_\_

Septic System inspected on \_\_\_\_\_ by \_\_\_\_\_

Minimum Setback Requirements: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Certificate of Occupancy is hereby: \_\_\_\_\_ Approved Effective Date: \_\_\_\_\_  
\_\_\_\_\_ Denied

Conditions: \_\_\_\_\_  
\_\_\_\_\_

Reasons for Denial: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the proposed use and/or occupancy conforms to the duly adopted Westford Zoning Regulations and Westford Health Ordinance.

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date Issued