

<b>OFFICE USE ONLY</b>
<b>APPLICATION #</b>
<b>MAP/LOT</b>
<b>CO#</b>



*Town of Scarborough, Maine*

**BUSINESS CERTIFICATE OF OCCUPANCY REQUEST**

**This form must be completed and submitted to the Code Enforcement Office with a check for \$50.00 prior to scheduling occupancy inspection with Scarborough Fire Department.**

Any addition, division, change of use or user will require a new certificate.  
Any new or replacement signs require an additional permit.

Business Name: _____	Business Owner's Name: _____
Suite/Unit #: _____	Owner's Mailing Address:
Physical Address: _____	Street: _____
Billing / Mailing Address:	City: _____
Street: _____	State: _____
City: _____	Zip Code: _____
State: _____	Owner's Phone Number: _____
Zip Code: _____	Owner's Email address: _____

Business Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

Alarm Company Servicing System at the Business: \_\_\_\_\_

Additional contacts in case of emergency at your business:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Building Owner: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person (if different from owner): \_\_\_\_\_

Contact # (day): \_\_\_\_\_ (night): \_\_\_\_\_