| OFFICE USE ONLY |
|---|
| MAP/LOT |
| CO # |

*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.

Request: Change of Use ____ Change of Owner/Tenant ____

Business Name: _____
Suite/Unit #: _____
Physical Address: _____
Billing / Mailing Address:
Street: _____
City: _____
State: _____
Zip Code: _____

Business Owner's Name: _____
Owner's Mailing Address:
Street: _____
City: _____
State: _____
Zip Code: _____
Owner's Phone Number: _____
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): _____