

OFFICE USE ONLY
APPLICATION #
MAP/LOT
CO#

**Town of Scarborough
 Planning/Code Enforcement
 259 US Route 1
 PO Box 360
 Scarborough ME 04070-0360
 207-730-4040 Fax 207-730-4046**

BUSINESS CERTIFICATE OF OCCUPANCY REQUEST

This form must be completed and submitted to Code Enforcement Office with a check for \$35.00 prior to scheduling occupancy inspection.

LOCATION INFO:

BUSINESS NAME: _____

SUITE/UNIT #: _____

PHYSICAL ADDRESS: _____

SQUARE FOOTAGE: _____ EFFECTIVE DATE: _____

TENANT INFO:

CONTACT PERSON: _____

ALTERNATE CONTACT: _____

CONTACT # (DAY): _____ CONTACT # (NIGHT): _____

BUILDING OWNER INFO:

BUILDING OWNER: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON (if different from owner): _____

CONTACT # (DAY): _____ (NIGHT): _____

Any addition, division, change of use or user will require a new certificate.