



Town of Abington
DEPARTMENT OF INSPECTIONS
500 GLINIEWICZ WAY
ABINGTON, MA 02351
(781) 982-2105
FAX (781) 982-2121

Inspector of Buildings
Zoning Enforcement Officer

CHANGE OF USE/OCCUPANCY PERMIT

PERMIT # _____

FEE _____

DATE _____

ADDRESS _____

NAME OF OWNER OF BLDG. _____

TELEPHONE NUMBER OF OWNER OF BLDG. _____

NAME OF TENANT _____

TELEPHONE NUMBER OF TENANT _____

LOCATION OF TENANT SPACE IN BLDG. _____

SIZE OF TENANT SPACE _____

USE OF TENANT SPACE _____

NAMES OF PARTIES PRESENT AT INSPECTION _____

ANY CHANGE IN USE OR OCCUPANCY OF NON-RESIDENTIAL BUILDINGS, AND NON-RESIDENTIAL USED OR ZONED LAND SHALL NOT TAKE PLACE UNTIL A USE AND OCCUPANCY PERMIT HAS BEEN FILED WITH AND APPROVED BY THE INSPECTOR OF BUILDINGS AND/OR ZONING ENFORCEMENT OFFICER. THE INSPECTION SHALL COVER ADHERENCE TO THE STATE BUILDING CODE AND TO PROPER USES FOR THE ZONE IN WHICH THE SITE IS LOCATED.

COMMENTS:

BUILDING INSPECTOR – STATE BUILDING CODE VIOLATIONS

1. _____
2. _____
3. _____
4. _____

WIRING INSPECTOR – STATE WIRING CODE VIOLATIONS

1. _____
2. _____

GAS/PLUMBING INSPECTOR – STATE GAS/PLUMBING CODE VIOLATIONS

1. _____
2. _____

ADDITIONAL COMMENTS ON BACK