



**The City of REVERE, MASSACHUSETTS**

**Office of the Building Inspector  
249R Broadway, Revere, MA 02151  
(781) 286-8196 Fax (781) 284-1174  
Benjamin P. DeChristoforo  
Inspector of Buildings**

C.O. Fee:	_____
Linkage:	_____
Bldg. Cost:	_____
Condo Fee:	_____
Total:	_____

**Brian M. Arrigo  
Mavor**

**Application for Certificate of Occupancy  
(Please Print)**

**Building Permit Number** \_\_\_\_\_

Address \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_  
(Number) (Street)

Owner \_\_\_\_\_ Address \_\_\_\_\_  
(Individual or Company) (Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code) Telephone w/area code \_\_\_\_\_

Owner's Authorized Agent/Applicant's Name \_\_\_\_\_  
(Printed First and Last Name)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Telephone w/area code \_\_\_\_\_

Tenant \_\_\_\_\_ Address \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip Code) Telephone w/area code \_\_\_\_\_

**Proposed Use(s)**

**Please specify word for word as listed in the TABLE of USES**

Principle use(s): \_\_\_\_\_

**WILL THIS OCCUPANCY BE HELD AS A CONDOMINIUM OR COOPERATIVE: Yes No**

**If yes, you must comply with Revere City Ordinance 15.09.010.**

The **APPLICANT** is responsible for obtaining a sign-off(s) from the following agencies **one week PRIOR** to the issuance of an occupancy permit:

<b>Signed Off By:</b>	<b>Date</b>	<b>Signed Off By:</b>	<b>Date</b>
Fire Department		Public Works (New Construction)	
Wire Department		Water/Sewer (New Construction)	
Plumbing Inspector		Water/Sewer Billing (New Construction)	
Gas Inspector		Assistant Building Inspector (last one to sign)	
Planning (If required by site plan review)		Engineering (If required by site plan review)	
Details Police (If required by site plan review)		Conservation (If required by site plan review)	
Mechanical		Board of Health (If required by site plan review)	

**Final Costs:** (Construction, Trades, Service/Mechanical Equipment, Site Work) \$ \_\_\_\_\_

The above is subscribed to and executed by me under the penalties of perjury in accordance with section 1A of Chapter 286, Massachusetts General Laws: \_\_\_\_\_

**(Signature of Owner)**

Approved by Inspector of Buildings: \_\_\_\_\_

Benjamin P. DeChristoforo, Inspector of Buildings

**Notice to Individuals Signing Off:**

**If you are signing conditionally, Please attach a letter stipulating such conditions. Please be aware that this office is not necessarily responsible to follow up on compliance.**

Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Plumbing Inspector: \_\_\_\_\_

### Sewer Linkage Fee\*

\$100.00 per fixture outlet including future fixtures.

<u>Fixture</u>	<u>Basement</u>	<u>1<sup>st</sup>. Floor (Residential)</u>	<u>2<sup>nd</sup> Floor (Residential)</u>	<u>Total</u>
Water closets				
Lavatories				
Bathtub				
Shower stall				
Washing machine				
Kitchen Sink				
Laundry Tray				
Dishwashers				
Bar Sinks				
Floor drains/sinks				
Urinals				
Misc.				
<b>Total Fixtures</b>				

Total Fixtures X \$100.00 = \$ \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED ALONG WITH THE CERTIFICATE OF OCCUPANCY**

\*Applicable in all cases except for new projects where a separate Inflow & Infiltration mitigation fee is negotiated with the City of Revere.

## ***CONDOMINIUM CONVERSION PERMIT SIGN OFF***

<b>Signed Off By:</b>	<b>Date</b>	<b>Signed Off By:</b>	<b>Date</b>
Assessor:		Board of Health:	
Public Works		Assistant Building Inspector (last one to sign)	
Fire Department		Other	

### **Fee Schedule for Occupancy Conversions**

\*\*\*\*\*Fee is only applied if no new occupancy is applied for\*\*\*\*\*

<u><b>Number of units</b></u>	<u><b>Fee</b></u>
2	\$200
3	\$225
Add for each additional unit	\$25 each

***A Copy of Ordinance 15.09.010 shall be provided upon request.***