

CITY OF  
CENTRAL FALLS



STATE OF  
RHODE ISLAND

CERTIFICATE OF OCCUPANCY APPLICATION

PROPERTY ADDRESS: \_\_\_\_\_ PLAT \_\_\_\_\_ LOT \_\_\_\_\_

DESCRIPTION OF PROPERTY TO BE INSPECTED: \_\_\_\_\_

FINAL

TEMPORARY \_\_\_\_\_

OWNER	RENTER
NAME: _____	BUSINESS NAME: _____
ADDRESS: _____	NAME: _____
PHONE: _____ WORK: _____	ADDRESS: _____
SIGNATURE: _____	PHONE: _____ WORK: _____
DATE: _____	SIGNATURE: _____

USE GROUP \_\_\_\_\_ (501) MAXIMUM LIVE LOAD \_\_\_\_\_ (1106)

FIRE GRADING \_\_\_\_\_ (902) OCCUPANCY LOAD \_\_\_\_\_ (806)

\_\_\_\_\_  
FIRE MARSHALL - RENE COUTU - 727-7444

\_\_\_\_\_  
DATE

NOTE ON  
REVERSE

\_\_\_\_\_  
PUBLIC WORKS DEPARTMENT - 727-7466

\_\_\_\_\_  
DATE

NOTE ON  
REVERSE

\_\_\_\_\_  
ELECTRICAL INSPECTOR - ROBERT ZUBA 727-7460

\_\_\_\_\_  
DATE

NOTE ON  
REVERSE

\_\_\_\_\_  
PLUMBING INSPECTOR - ROBERT PROULX 727-7460

\_\_\_\_\_  
DATE

NOTE ON  
REVERSE

YOU MUST HAVE ALL THE ABOVE SIGNATURES BEFORE THE LAST INSPECTION OF THE BUILDING  
INSPECTION DEPARTMENT CAN BE DONE !!!

\_\_\_\_\_  
BUILDING OFFICIAL/INSPECTOR 727-7460

\_\_\_\_\_  
DATE