



**Town of Agawam**  
**Inspection Services Department**  
*Building Inspection      Code Enforcement*

1000 Suffield Street, Agawam, MA 01001  
Telephone - (413) 821-0632  
Fax (413) 821-0637

William Scott  
*Inspector of Buildings/  
Code Enforcement*

Michael Day  
*Plumbing & Gas Inspector/  
Cross Connection Tester*

Gary Turnbull  
*Electrical Inspector*

**Certificate for Use Application**

Fee is \$45.00 – Check Only - Payable to the “Town of Agawam”

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Request is hereby made for a Certificate of Use in accordance with the following information:

Business Address: \_\_\_\_\_

Property Owner’s Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

What part of the building is to be occupied? Whole \_\_\_\_\_ Partial \_\_\_\_\_

If partial, which area? \_\_\_\_\_

Whole or part of building to be occupied is now: Vacant \_\_\_\_\_ Occupied \_\_\_\_\_ and used for the following purpose:

\_\_\_\_\_

Is this for a renewal of a current business license? Yes \_\_\_\_\_ No \_\_\_\_\_

**Make Access to Premises Available to Inspector of Buildings**

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

\_\_\_\_\_  
Signature of Applicant

Applicant not to write below this line

Zone: \_\_\_\_\_ Type: \_\_\_\_\_

Approved for Zoning Only by: \_\_\_\_\_ Date: \_\_\_\_\_