TOWN OF ACTON

APPLICATION FOR PERMIT OF OCCUPANCY

This application must be submitted not less than two weeks prior to the date when it is desired to occupy building.

To the Building Inspector:

The undersigned hereby applies for a permit of occupancy:

1. Owner 263 Great Rd LLC Address Box 2350, Acton MA
2. Occupant Lynda Wright
3. No. of Building permit 130464
4. Type of Construction 4B use group & occupancy
5. Location of building 26 Gabriel Lane
   No. Street
   a. If no number, give nearest intersecting street
   b. If in recorded subdivision, give name
   lot number
6. Zone District 40-B R-8/LB
7. Remarks or description
   Existing Home, renovate kitchen, bathrooms, new roof, siding, extend garage

Hers Rating Not applicable (Rehab)

I hereby certify that the data given on this sheet is correct and that I will conform to all the applicable by-laws of the Town of Acton.

Plumbing and Gas Inspector: See Building Permit

Signature of Applicant

Board of Health Sheryl Ball 4-25-14

Fire Dept. Capt. [signature]

Electrical Inspector See Building Permit

Affordable Unit

Zoning Enforcement Officer [signature] 4/24/14

Building Inspector [signature] Date 4/25/14

WHEN THIS APPLICATION HAS BEEN SIGNED BY THE BUILDING INSPECTOR, IT BECOMES THE LEGAL OCCUPANCY PERMIT.