



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

43 So. Washington Street, North Attleborough, MA 02760
Phone: 508-699-0110 Fax:508-699-0144

**NAME CHANGE ONLY – APPLICATION
SAME USE GROUP*(NO STRUCTURAL CHANGES)***

DATE: _____

PERMIT NO. _____

FEE: NO CHARGE

TAKEN IN BY: _____

THE UNDERSIGNED HEREBY COMPLETES A APPLICATION FOR AN NAME CHANGE ONLY
TO CONTINUE OCCUPYING THE PREMISES LOCATED

AT: _____ ZONING DISTRICT: _____

MAP(PLAT) : _____ BLOCK(LOT) : _____

A. TYPE OF CONSTRUCTION _____ B. USE GROUP CLASSIFICATION _____

B. OCCUPANCY LOAD _____

NAME OF OWNER/BUILDING: _____

Address _____ Phone No. _____

CITY/TOWN: _____ STATE: _____

OWNER'S SIGNATURE: _____ DATE: _____

2 TENANT: _____

APPLICANT: _____ PHONE NO. _____

STREET ADDRESS: _____

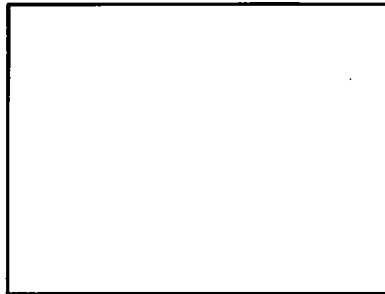
CITY/TOWN: _____ STATE: _____

EXISTING USE OF THE BUILDING: _____

PROPOSED USE OF THE BUILDING: _____

BOARD OF HEALTH: _____

TAX COLLECTOR STAMP:



APPLICANT/TENANT SIGNATURE: _____

APPROVAL BY THE INSPECTOR OF BUILDINGS: _____

DATE: _____

I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Note: Please inquire about a SIGN PERMIT at the time of this application if you are considering changing the name out front of the building.