



City of Chicopee

Office of the City Clerk

Keith W. Rattell
City Clerk

Jan Lee Nash
Assistant City Clerk

City Hall – 17 Springfield Street – Chicopee, Ma 01013
Tel: (413) 594-1466 Fax: (413) 594-1469
www.chicopeema.gov

This form applies only to **residential addresses**; otherwise a certificate of occupancy must be obtained from the Building Department for **business addresses** prior to filing of the business certificate.

Name of Applicant: _____ Phone Number: _____

Name of Business: _____

Address of Business: _____

Please give a brief and detailed description of the type of business to be operated at the address:

Do you own or rent the property? _____
(If rent, please provide copy of rental lease agreement and you must attach permission from the landlord to operate a business at the address)

Will the home be used for anything more than a home office? _____

If so, please explain. _____

Will employees or customers be coming to the site? _____

If so, how many and how often? _____

Will deliveries be picked up or received by UPS, common carrier or other delivery service from the residence?

If so, by what type(s) of carriers and how often will this occur? _____

Building Department Signature: _____ Date _____

Printed Name of Building Department Employee: _____