



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

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

Kevin Duquette  
*Inspector of Buildings/  
Code Enforcement*

**Certificate For Use Application**

**\$45 Fee – Check Only - Payable to the “Town of Agawam”**

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

Request is hereby made for a Certificate For 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 \_\_\_\_\_

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

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

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

Applicant not to write below this line

\_\_\_\_\_

Parcel ID: \_\_\_\_\_ Zone: \_\_\_\_\_ Business Type: \_\_\_\_\_

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

Denied per Zoning Ordinance: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_