

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

**BUSINESS CERTIFICATE
APPLICATION**

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Date _____

Business Name: _____

Business Address: _____

Type of Business (please give a brief written description, attach additional sheet if necessary): _____

Business Owner(s): _____

Home Address: _____ Zoning District: _____

Telephone:(Business) _____ (Home) _____

EMAIL: _____

Property Owner: _____

Property Owner Address: _____

Complete this section if business is located at a residential address

Does the business occupy more than 300 square feet? Yes No

Are there any employees not residing on the premises? Yes No

If yes, how many? _____

Will there be any signage? Yes No

Any additional traffic or parking? Yes No

Any outdoor storage of equipment? Yes No

Any change in the outside appearance? Yes No

ODIS APPROVAL

If yes, explain _____

Signature of Applicant

Signature of Property Owner (if different)