



Office of
Building / Zoning
Department

Town of Marshfield

Building / Zoning
Department

870 Moraine Street

Marshfield, Massachusetts 02050

Tel: 781-834-5555

Fax: 781-834-6289

INSTRUCTIONS TO COMPLETE D.B.A. APPLICATION & BUSINESS CERTIFICATE

- Submit the completed form to the Building / Zoning Department.
- The review process can take a couple of days. A phone call will be placed when your application has been approved OR if it requires additional information.
- You will receive two copies upon pick up, one for yourself and a second for the Clerk's Office.
- Fees: **\$10.00** (upon approval) to the Building Department.
\$30.00 to the Clerk's office for issuance of the business certificate.

Thank you.

Administrative Assistants:

Amoccia@townofmarshfield.org

Cvaughan@townofmarshfield.org



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BUSINESS CERTIFICATE - New Business or Renewal (circle one)

Property Address: _____ Zoning District: _____

Name of Business: _____

Owners Name(s): _____

Residential Mailing Address: _____

Email Address: _____ Phone Number: _____

Description of Business: _____

Home Office: ☐ (banking & mailing use only)

Business Office: ☐ (If yes, please answer below)

Description of previous business in this location: _____

Including this application, how many businesses are located on the property? _____

If more than one, please describe: _____

How many people will work in this business: _____ How many parking spaces: _____

Will there be a new sign or change to existing:

Street YES ☐ NO ☐ If yes separate permit will be required

Building: YES ☐ NO ☐ If yes separate permit will be required

Will there be any changes to the interior of the building:

YES ☐ NO ☐ If yes separate permit will be required

Will there be a dumpster on the property:

YES ☐ NO ☐ If yes separate permit will be required by **Fire Dept.**

Will there be any flammable or hazardous materials on the property:

YES ☐ NO ☐ If yes a separate permit will be required by **Fire Dept.**

Will there be any handling of food:

YES ☐ NO ☐ If yes check with **Board of Health**

Will there be parking of commercial vehicles, trailers and/or storage containers on the property:

YES ☐ NO ☐

Will there be storage of equipment or supplies outside of building:

YES ☐ NO ☐

Are there any special permits associated with this property:

YES ☐ NO ☐

Building Commissioner Approval:

I hereby certify, under the pains and penalties of perjury, that the information provided in this application is true and correct.

Sign & Date