Office Use Only

Date Received: _____

Certificate Fee: \$ 75.00

Inspection Date: _____

Approved: _____

COMMONWEALTH OF MASSACHUSETTS TOWN OF HANSON

APPLICATION FOR CERTIFICATE OF INSPECTION

In accordance with the provisions of the Massachusetts State Building Code, 780 CMR, 8^{th} edition section 110.7 I hereby apply for a Certificate of Inspection for the premises located at the following address:

Certificate to be issued to:	
Name or Business:	
Address;	Number of Units:
Current Use of the premises:	
Has the use changed or altered since the last Certificate wa	s issued;NO
If yes briefly describe change:	
Are any licenses or permits required by other government a	agencies:YESNO
If yes please list: (Type of license or permit) (Agency)	(Type of license or permit) (Agency)
Owner of record of Building:	Telephone #
Address:	
Name of current holder of Certificate:	
Name of authorized agent if any:	Telephone #
	Signature of applicant Date
	Applicant's telephone number