

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, 8th 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 was issued; ____ YES ____ NO

If yes briefly describe change: _____

Are any licenses or permits required by other government agencies: ____ YES ____ NO

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