



**TOWN OF MARSHFIELD
COMMONWEALTH OF MASSACHUSETTS**

APPLICATION FOR CERTIFICATE OF INSPECTION

Date _____

() Fee Required _____

() No Fee Required

In accordance with the provisions of the Massachusetts State Building Code, Section 108.15, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

STREET & NUMBER _____

NAME OF PREMISES _____

PURPOSE FOR WHICH PREMISES IS USED _____

LICENSE(S) OR PERMIT(S) REQUIRED FOR THE PREMISES BY OTHER GOVERNMENTAL AGENCIES:

LICENSE OR PERMIT	AGENCY
_____	_____
_____	_____
_____	_____

Certificate to be Issued to _____

Address _____

Owner of Record of Building _____

Address _____

Name of Present Holder of Certificate _____

Name of Agent, if any _____

SIGNATURE OF PERSON TO WHOM CERTIFICATE IS ISSUED OR HIS AUTHORIZED AGENT

TITLE

DATE _____

INSTRUCTIONS:

- 1.) Make check payable to: **“ TOWN OF MARSHFIELD “**
- 2.) Return this application with your check to: **BUILDING DEPARTMENT - MARSHFIELD TOWN HALL**

PLEASE NOTE:

1. Application form with accompanying fee must be submitted for each building or structure or part thereof to be certified.
2. Application and fee must be received before the certificate will be issued.
3. The Building Official shall be notified within ten (10) days of any change in the above information.

CERTIFICATE # _____ **EXPIRATION DATE:** _____