



TOWN OF EASTON
APPLICATION FOR CERTIFICATE OF INSPECTION

Date _____ () Fee Required (Amount) \$50.00
() 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 and Number _____

Phone: _____

Name of Premises _____

Purpose for which Premises is Used _____

License(s) or Permit(s) Required for the Premises by Other Governmental Agencies:

<u>Licenses or Permits</u>	<u>Agency</u>
_____	_____
_____	_____
_____	_____

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:

- Make check payable to: TOWN OF EASTON
- Return this application with your check to: D. Mark Trivett, Building Inspector
136 Elm Street, North Easton, MA 02356
- Please provide name of contact and phone number to set up inspection appointment:
Name: _____ Phone: _____

PLEASE NOTE:

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

CERTIFICATE # _____ DATE OF ISSUE: _____
DATE OF EXPIRATION: _____