

COMMONWEALTH OF MASSACHUSETTS
TOWN OF HOLLISTON

APPLICATION FOR CERTIFICATE OF INSPECTION

Date _____ (X) Fee Required (amount) \$100
() No Fee Required

In accordance with the provisions of the Massachusetts State Building Code, Section 110.7/110.7.1, I hereby apply for a Certificate of Inspection for the below named premises located at the following address:

Street and Number _____
Name of Premises _____
Purposes for which premises is used _____

License(s) or Permit(s) required for the premises by other governmental agencies:

<u>License or Permit</u>	<u>Agency</u>
_____	_____
_____	_____
_____	_____

Certificate to be issued to _____
Address _____
Owner of Record of Building _____
Address _____
Name of Present Holder of Certificate _____ Phone _____
Name of Agent, if any _____ Phone _____

Signature of person to whom Certificate is issued _____ Title _____
Or his/her Authorized Agent

INSTRUCTIONS;

- 1.) Make check payable to: **Town of Holliston**
- 2.) Return this application with your check to: **Inspector of Buildings
703 Washington Street
Holliston, MA 01746**

Certificate # _____ Expiration Date _____