



COMMONWEALTH OF MASSACHUSETTS  
Town of Saugus

Building Commissioner/Zoning Officer

781-231-4119

**APPLICATION FOR CERTIFICATE OF INSPECTION**

Date:

Fee Require:\$

In accordance with the provisions of the Massachusetts State Building Code, Section 108, 15, I hereby apply for a Certification of Inspection for the below named premises located at the following address:

License or Permits

Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate to be issued to:

Address:

Number of Residents: \_\_\_\_\_ or Occupants:

Number of seats: \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ **E:MAIL:** \_\_\_\_\_

SIGNATURE OF PERSON WHOM  
CERTIFICATE IS ISSUED OR HIS  
AUTHORIZED AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**INSTRUCTIONS:**

- 1) Make check payable to: **TOWN OF SAUGUS**
- 2) Return this application with your check to: **SAUGUS TOWN HALL 298  
CENTRAL STREET Suite #6, SAUGUS, MA 01906 – INSP. SERVICES DEPT.**

**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 10 days of any change in the above information.

**CERTIFICATE**

**EXPIRATION DATE:**