



COMMONWEALTH OF MASSACHUSETTS

City / Town Of \_\_\_\_\_

APPLICATION FOR CERTIFICATE OF INSPECTION

Date: \_\_\_\_\_

( ) Fee Required ( Amount) \_\_\_\_\_

( ) 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: \_\_\_\_\_

Name of Premises: \_\_\_\_\_

Purpose for Which Premises are Used: \_\_\_\_\_

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

License or Permits	Agency
_____	_____
_____	_____
_____	_____

Certificate to be issued to \_\_\_\_\_

Address \_\_\_\_\_

Name of the present holder of the 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: \_\_\_\_\_
- 2) Return this application with your check to: SAUGUS TOWN HALL  
298 CENTRAL STREET, SAUGUS, MA. 01906 - INSPECTIONAL SERVICES DEPT.

PLEASE NOTE:

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

CERTIFICATE # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_