



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ANDOVER

APPLICATION FOR CERTIFICATE OF INSPECTION

Date \_\_\_\_\_

( ) No Fee Required  
( ) Fee Required Amount \_\_\_\_\_

In accordance with the provisions of the Massachusetts State Building Code, Section 106.5, 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 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 \_\_\_\_\_ Tel. No. ( \_\_\_\_\_ ) \_\_\_\_\_

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 ANDOVER

Return this application with your check to: OFFICE OF THE INSPECTOR OF BUILDINGS,  
Andover Town Offices, 36 Bartlet Street, Andover, Massachusetts 01810

**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 changes in the above information

**OFFICE USE ONLY:**

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

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