



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ANDOVER

APPLICATION FOR CERTIFICATE OF INSPECTION

Date: _____

() Fee Required Amount _____

() No Fee Required

In accordance with the provisions of the Massachusetts State Building Code, Section 110.7, 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 _____

Contact Name _____ Tel. No () _____ Email _____

SIGNATURE OF PERSON TO WHOM
CERTIFICAT IS ISSUED OR HIS
AUTHORIZAED 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

CERTIFICATE # _____

EXPIRATION DATE: _____