

COMMONWEALTH OF MASSACHUSETTS
TOWN OF HOLDEN

APPLICATION FOR CERTIFICATE OF INSPECTION

Date:

(X) Fee Required Amount \$40

() 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:

Name of Premises: _____

Street and Number: _____

Purpose for use: _____

Certificate to be issued to: _____

Mailing address: _____

Owner of Record of Building: _____

At this address: _____

Signature of person to Whom Certificate is Issued or Authorized Agent and Title

Print Name

Contact Telephone Number

Date

INSTRUCTIONS:

- 1) Make check payable to the Town of Holden DOGM
- 2) Return this application to the Town of Holden, Dept. of Growth Management,
1196 Main Street, Holden, MA 01520

FOR OFFICE USE ONLY:

CERTIFICATE #: _____

EXPIRATION DATE: _____

INSPECTION DATE: _____

INSPECTOR: _____