



TOWN OF BELLINGHAM

OFFICE OF THE

Inspectional Services Department

10 Mechanic Street

Bellingham, Massachusetts 02019

508-966-5820 or 508-966-5821 Fax 508-966-5844

www.bellinghamma.org

APPLICATION FOR CERTIFICATE OF INSPECTION

Date:

Fee:

\$70.00

In accordance with the provisions of the Massachusetts State Building Code 8th. Edition Chapter I § 780. Table 110.7 I hereby apply for a certificate of Inspection for the below named premises located at the following address:

Name of Premises	
Address	
Use Group	
Certificate to be Issued to:	
Address (If different than above)	
Phone #	
Property Owner	
Address	
Name of Contact to Schedule Inspection	
Phone for Contact	

Signature of person to whom Certificate is issued or Authorized Agent:

Title:

Printed Name:

Date:

Instructions:

- 1) Make check payable to: Town of Bellingham
- 2) Return one application and payment for each building, structure or part there of certified.
- 3) Certificate will not be issued until fee and application are received.
- 4) Any changes to the above must be made within 10 days.
- 5) Please make sure your establishment is in compliance prior to returning this application.

Certificate #

Expiration Date: