



# Department of Municipal Licenses and Inspections

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Joseph C. Sullivan  
Mayor

## APPLICATION FOR CERTIFICATE OF INSPECTION

Date Sent: \_\_\_\_\_ Fee Required: \$ \_\_\_\_\_

Street and Number: \_\_\_\_\_

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

License(s) or permit(s) required for the premises by other government agencies: \_\_\_\_\_

Certificate to be issue to: \_\_\_\_\_

Address: \_\_\_\_\_

Owner of record of building: \_\_\_\_\_

Address: \_\_\_\_\_

Name of present holder of certificate: \_\_\_\_\_

Name or agent if any: \_\_\_\_\_

Signature and title of person (or authorized agent) to whom certificate is issued.

Telephone number: \_\_\_\_\_ Date: \_\_\_\_\_

**The building official must be notified within ten (10) days of any change in the above information.**

Certificate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_