

City of Revere

Inspectional Services Department

**APPLICATION FOR CERTIFICATE OF INSPECTION**

DATE (x ) Fee Required (Amount) $75.00

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:

**LICENSE OR PERMIT AGENCY**

Certificate to be issued to:

Address of Holder:

Owner of Record of the Property:

Address of Owner:

Name of Present Holder of the Certificate (if any):

Address of the Present Holder (if any):

Signature of Person to Whom Certificate is issued Title/Phone Number

Or His Authorized Agent

INSTRUCTIONS: Date

1. Make check payable to: **The City of Revere**
2. Return this application with your check to the Building Department, 249R Broadway

PLEASE NOTE:

1. APPLICATION FORM WITH ACCOMPANYING FEE MUST BE SUBMITTED FOR EACH BUILDING OR STRUCTURE OF PART THEREOF TO BE CERTIFIED.
2. APPLICATION AND FEE MUST BE RECEIVED BEFORE THE CERTIFICATE WILL BE ISSUED.
3. THE BUILDING INSPECTOR SHALL BE NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGE IN THE ABOVE INFORMATION.

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CERTIFICATE# EXPIRATION DATE: