

**TOWN OF SOUTHBOROUGH**  
**Building Inspection Department**  
**APPLICATION FOR CERTIFICATE OF INSPECTION**

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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:

Building address: \_\_\_\_\_

Name of premises: \_\_\_\_\_

Purpose for which premises is used: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

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

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

Applicant's signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**INSTRUCTIONS:**

The fee for a Certificate of Inspection is \$40. Make check payable to Town of Southborough.

Return this application to the Town of Southborough Building Department.

Schedule an inspection of the premises.

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Date Application Received: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_