



COMMONWEALTH OF MASSACHUSETTS
TOWN OF WELLESLEY
APPLICATION FOR CERTIFICATE OF INSPECTION
Public Safety Certificate

Certificate Number: \_\_\_\_\_

Date:

( \* ) Fee required: \$ «Total\_Fees\_for\_all\_Permits»

Application Ref#:

( ) No Fee Required

Applicant CID#:

Note: Please print legible, fill out the information below. If any information below is incorrect please cross it out and enter the correct information. Information has to be correct or the inspection cannot be performed.

In accordance with the provisions of the Massachusetts State Building Code Section 110.7, I hereby apply for a Certificate of Inspection for the below named premises located at the following address:

- 1. Name of Premises: \_\_\_\_\_
2. Street No. & Name: \_\_\_\_\_
Type of Inspection: \_\_\_\_\_

3. Applicant Information/Title

Name: \_\_\_\_\_
Address: \_\_\_\_\_ Applicant Phone# and Cell#
City/Town/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. List all required licenses or permits associated with the business:

Licenses or Permits Issuing Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of Applicants Agent Print Name \_\_\_\_\_
Phone # \_\_\_\_\_

6. Signature of Applicant or Authorized Agent:
Print Name: \_\_\_\_\_
Signature: \_\_\_\_\_
Title: \_\_\_\_\_

7. Property Owner Name: \_\_\_\_\_ Phone & Cell: \_\_\_\_\_
Property Owner Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Payment Instructions:

Please make check payable to the Town of Wellesley and submit with the application to the address below:

Wellesley Building Department
525 Washington Street
Wellesley, MA 02482