



TOWN OF WINTHROP

BUILDING DEPARTMENT

OFFICE OF THE BUILDING COMMISSIONER/ INSPECTOR

JAMES SOPER/ COMMISSIONER
Town Hall, 1 Metcalf Square, Winthrop, MA 02152
Tel (617) 846-4344, Fax (617) 539-5826, Email jsoper@town.winthrop.ma.us

APPLICATION FOR CERTIFICATE OF INSPECTION

DATE _____ () FEE REQUIRED (AMOUNT) _____
() NO FEE REQUIRED _____

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 & NUMBER _____
NAMES OF PREMISES _____
PURPOSE FOR WHICH PREMISES IS USED _____
NUMBER OF DWELLING UNITS AND/OR NUMBER OF SEATS _____
CERTIFICATE TO BE ISSUED TO _____
ADDRESS _____

OWNER OF RECORD OF BUILDING _____
ADDRESS _____
NAME OF PRESENT HOLDER OF CERTIFICATE _____
NAME OF AGENT, IF ANY _____

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR
INSPECTION _____

INSPECTION:

- (1) Make Check Payable to: Town of Winthrop
- (2) Return This Application With your Check to: BUILDING DEPARTMENT, TOWN HALL, WINTHROP, MA 02152

PLEASE NOTE:

- (1) Application Form with Accompanying Fee must be submitted for Each Building or Part thereof to be certified.
- (2) Application and Fee must be received before the certificate will be issued.
- (3) The Building Official shall be notified within ten (10) days of any change in the above information.

Certificate # _____

Expiration Date _____