

COMMONWEALTH OF MASSACHUSETTS
TOWN OF MEDFIELD
APPLICATION FOR CERTIFICATE OF INSPECTION

DATE:

IN ACCORDANCE WITH THE PROVISIONS OF 780 CMR, BUILDING CODE, SEC. 110.7, I
HEREBY APPLY FOR CERTIFICATE OF INSPECTION FOR THE BELOW-NAMED PREMISES
LOCATED AT THE FOLLOWING ADDRESS:

NAME OF PREMISES _____

STREET AND NUMBER _____

TELEPHONE _____

PURPOSE FOR WHICH PREMISES IS USED _____

LICENSE(S) OR PERMIT (S) REQUIRED FOR THE PREMISES BY OTHER GOV. AGENCIES:

LICENSE OR PERMIT

AGENCY

CERTIFICATE TO BE ISSUED TO _____
ADDRESS _____

OWNER OF RECORD OF BUILDING _____
ADDRESS _____

NAME OF PRESENT HOLDER OF CERTIFICATE _____

SIGNATURE OF PERSON TO WHOM CERTIFICATE IS ISSUED
OR HIS AUTHORIZED AGENT . _____
TITLE _____

INSTRUCTIONS: FEE IS \$50.00

1. MAKE CHECK PAYABLE TO: TOWN OF MEDFIELD
2. RETURN BOTH SIDES COMPLETED OF THIS APPLICATION
WITH YOUR CHECK TO:

TOWN OF MEDFIELD
459 MAIN ST
MEDFIELD, MA 02052

Check list continued on the back of this form

1. IS THERE ANY TYPE OF FIRE ESCAPE OR BALCONY ON BUILDING? YES____ NO____ N/A
2. IS THERE ANY TYPE OF WOODEN STAIR ON BUILDING? YES____ NO____ N/A
3. IF YES; HAVE THEY BEEN CERTIFIED IN THE LAST 5YRS PER 780 CMR, SECTION 1001.3.2 WITH COPY OF ENGINEERS LETTER? YES____ NO____ N/A
4. IS A CROWD MANAGER REQUIRED FOR YOUR ESTABLISHMENT? YES____ NO____ N/A
5. ATTACHED WITH APPLICATION IS COPY OF CROWD MANGERS PAPER WORK YES____ NO____ N/A
6. WE HAVE CHECKED OPERATION OF EMERGENCY LIGHTS AND EXIT LIGHTS YES____ NO____ N/A
7. CHECK ALL EGRESS DOORS AND PASSAGEWAYS (CLEAR EXIT WAYS OF ALL BOXES, CONTAINERS, ETC) YES____ NO____ N/A
8. REMOVE ALL DEAD BOLTS FROM EXIT DOORS YES____ NO____ N/A
9. MAKE SURE FIRE EXTINGUISHERS HAVE BEEN SERVICED AND TAGGED WITH THE DATE OF SERVICE TAG YES____ NO____ N/A
10. CHECK AUTOMATIC FIRE SUPPRESSION SYSTEM (ANSUL) HAVE SYSTEM TAGGED WITH THE DATE OF LAST SERVICE AND INSPECTION * KITCHEN HOOD IS UP TO DATE ON CLEANING YES____ NO____ N/A
YES____ NO____ N/A
11. COPY OF FIRE ALARM REPORT IF APPLICABLE AND IS ATTACHED YES____ NO____ N/A
12. COPY OF SPRINKLER SYSTEM REPORT IF APPLICABLE AND IS ATTACHED YES____ NO____ N/A

WHOM DO WE CONTACT FOR INSPECTION? _____
CELL PHONE NUMBER: _____

I HERBY UNDERSTAND AND HAVE COMPLETED THE ABOVE APPLICATION AND CHECK LIST ABOVE AND UNDERSTAND IF INSPECTION SHOULD FAIL THERE WILL BE A RE-INSPECTION FEE OF \$40.00 NEEDS TO BE PAID PRIOR TO RE-INSPECTION.

SIGNATURE OF BUSINESS OWNER OR OWNERS AGENT

Rev 11/15