

**APPLICATION FOR**  
**CERTIFICATE OF INSPECTION**

**Tri-Town** South Shore  
Development  
Corporation

223 Shea Memorial Drive  
S. Weymouth, Massachusetts  
02190

ph 781.682.2187

t 781.682.2189

CERTIFICATE NO. \_\_\_\_\_

C.I. FEE: \$ \_\_\_\_\_

INSPECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

In accordance with the provisions of the Massachusetts State Building Code, Sections 108, 15, I hereby apply for a Certificate of Inspection for the premises named below, located at the following address:

Street and Number: \_\_\_\_\_ Telephone No. \_\_\_\_\_

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: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Owner of Record of Building: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

Present Holder of Certificate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Agent (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

SIGNATURE

TITLE

DATE

**Make check payable to/return Application and check to:**

South Shore Tri-Town Development Corporation  
223 Shea Memorial Drive  
South Weymouth, MA 02190

1. Application form w/accompanying fee must be submitted for each building or structure or part thereof to be certified.
2. Application & 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.