



The City of REVERE, MASSACHUSETTS
BUILDING DEPARTMENT

249 R. BROADWAY, REVERE, MA 02151
(781)286-8196 • Fax (781) 284-1174

BRIAN M. ARRIGO
Mayor

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 AND NUMBER _____

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 of Holder: _____

Owner of Record of the Property: _____

Address of Owner: _____

Name of Present Holder of the Certificate (if any): _____

Address of the Present Holder (if any): _____

Signature of Person to Whom Certificate is issued Or His Authorized Agent	Title
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INSTRUCTIONS: _____ Date

- 1) Make check payable to: **The City of Revere**
- 2) Return this application with your check to the Building Department, 249R Broadway

PLEASE NOTE:

- 1) APPLICATION FORM WITH ACCOMPANYING FEE MUST BE SUBMITTED FOR EACH BUILDING OR STRUCTURE OF PART THEREOF TO BE CERTIFIED.
- 2) APPLICATION AND FEE MUST BE RECEIVED BEFORE THE CERTIFICATE WILL BE ISSUED.
- 3) THE BUILDING INSPECTOR SHALL BE NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGE IN THE ABOVE INFORMATION.

CERTIFICATE# _____ EXPIRATION DATE: _____