INSPECTION APPROVALS FORM

To all Applicants: You must obtain approvals from the following departments before your application can be considered by the License Commission. If your licensed premises will undergo construction (new or renovations) or a change of use, you must first obtain approval from the Site Plan Review Committee. All approvals must be received before the License Commission meeting.

Contacts:

Inspectional Services Department
249 Broadway (Rear)
781-286-8197 (Building), 781-286-8176 (Health)

Fire Prevention Office
400 Broadway – 781-286-8362
Mon – Thurs 8 a.m. – 10:30 a.m., 3:30 p.m. – 4:30 p.m.

Water/Sewer Billing Office
281 Broadway – 781-286-8145

Collector’s Office
281 Broadway – 781-286-8120

Type of License/Use Applied For: ____________________________

Name & Address of Business: __________________________________________

______________________________________________________________

Business Owner: ___________________________________________ Email: __________________________

Mailing Address: ____________________________________________ Phone Number: _______________________

Description of Premises: __________________________________________

________________________________________________________________________________________

Requested Occupancy & Seating: ____________________________

Building Inspector: ___________________________________________ Date: __________

Preliminary: __________  Final: __________  Rejected: __________

Comments: __________________________________________________

Health Inspector: ___________________________________________ Date: __________

Preliminary: __________  Final: __________  Rejected: __________

Comments: __________________________________________________

Fire Inspector: ___________________________________________ Date: __________

Preliminary: __________  Final: __________  Rejected: __________

Comments: __________________________________________________

Water/Sewer Billing: ________________________________________ Date: __________

Comments: __________________________________________________

Tax Collector: ___________________________________________ Date: __________

Comments: __________________________________________________