



COMMONWEALTH OF MASSACHUSETTS

TOWN OF HULL

APPLICATION FOR CERTIFICATE OF INSPECTION

DATE: _____ () FEE REQUIRED (AMOUNT) _____

() NO FEE REQUIRED

IN ACCORDANCE WITH THE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE, SECTION 108.5.1, 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 USED: _____

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

LICENSE OR PERMIT

AGENCY

CERTIFICATE TO BE ISSUED TO: _____

ADDRESS: _____

OWNER OF RECORD OF BUILDING: _____

ADDRESS: _____

NAME OF PRESENT HOLDER OF CERTIFICATE: _____

NAME OF AGENT, IF ANY: _____

SIGNATURE OF PERSON TO WHOM CERTIFICATE IS ISSUED OR HIS/HER AUTHORIZATION AGENT

TITLE

DATE

INSTRUCTIONS

1. MAKE CHECK PAYABLE TO THE TOWN OF HULL
2. RETURN THIS APPLICATION WITH YOUR CHECK TO BUILDING DEPARTMENT 253 ATLANTIC AVENUE, HULL, MA 02045.

PLEASE NOTE

1. APPLICATION FORM WITH ACCOMPANYING FEE MUST BE SUBMITTED FOR EACH BUILDING OR STRUCTURE 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 CONSIDERED NOTIFIED WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE INFORMATION.

CERTIFICATE NUMBER: _____ EXPIRATION DATE: _____



Town of Hull

BUILDING DEPARTMENT

TEL: (781) 925-1330

FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MASSACHUSETTS 02045

LICENSE INSPECTION APPROVAL LOG

YOU ARE TO COME THE THE BUILDING DEPARTMENT AND OBTAIN YOUR CERTIFICATE OF INSPECTION. THIS LOG IS TO BE SIGNED BY THE APPROPRIATE INSPECTORS UPON A SATISFACTORY INSPECTION OF YOU BUILDING/PREMISES. WHEN ALL SIGNATURES ARE OBTAINED, THIS LOG AND YOUR CERTIFICATE ARE THEN TO BE PRESENTED TO THE SELECTMEN'S OFFICE BUSINESS MANAGER IN ORDER TO OBTAIN YOUR LICENSE.

BUILDING COMMISSIONER,	DATE	COMMENTS
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FIRE DEPARTMENT REP.	DATE	COMMENTS
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BOARD OF HEALTH REP.	DATE	COMMENTS
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PLUMBING/GAS INSPECTOR	DATE	COMMENTS
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ELECTRICAL INSPECTOR	DATE	COMMENTS
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