



# 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*

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**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.

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**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**

