



**CITY OF FRAMINGHAM
Inspectional Services Division
Department of Building Inspection**

Memorial Building, Room 203
150 Concord Street
Framingham, Massachusetts 01702-8368

Fred Bray
Director/Building Commissioner

Telephone: 508-532-5500
Fax: 508-532-5794

**COMMONWEALTH OF MASSACHUSETTS
APPLICATION FOR CERTIFICATE OF INSPECTION**

Date _____

Fee Required \$ _____

In accordance with the provisions of the Massachusetts State Building Code, Section 110.7, I hereby apply for a Certificate of Inspection for the below named premises located at the following address in the City of Framingham:

Number _____ Street _____

Name of Premises if Business _____

Purpose for which Premises is used _____

Contact Person _____ Phone # _____ Email _____

Certificate Issued To _____

Owner of Building _____

Address where the certificate should be mailed to: _____

Signature

Title

INSTRUCTIONS

Make checks payable to:

**CITY OF FRAMINGHAM
Dept of Building Inspection
150 Concord Street – Room 203
Framingham, MA 01702**

PLEASE NOTE:

Application and fee must be received before the Certificate will be issued.