



City of Springfield Code Enforcement Department
Building Division

(413) 787-6031-TTY (413) 787-6641
FAX (413) 787-6023

Certificate of Inspection

Date _____ () Fee Required \$ _____

() Fee Exempt

In accordance with the provisions of the Massachusetts State Building Code, Section 106.5, I hereby apply for a Certificate of Inspection for:

Name of Premises _____

Number and Street _____

Use or Uses of Premises

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Certificate to be issued to _____

Contact Person _____ Phone Number _____

Make check payable to: **CITY OF SPRINGFIELD**
Return to Code Enforcement Department/Building Division, 70 Tapley Street,
Springfield, Ma 01104

**THIS APPLICATION MUST BE RETURNED WITH THE FEE WITHIN (07) DAYS.
FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AND FINES.**

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*FOR OFFICE USE ONLY*

Certificate # \_\_\_\_\_

Expiration Date \_\_\_\_\_