



TOWN OF PLAINVILLE
BUILDING DEPARTMENT
190 SOUTH STREET
PLAINVILLE, MA 02762
508-695-3010 #491
REQUEST FOR PERIODIC INSPECTION

DATE _____

BUSINESS NAME _____ TELEPHONE _____

ADDRESS _____

OWNER _____

NAME OF PERSON IN CHARGE (IF OTHER THAN OWNER) _____

TYPE OF BUSINESS _____

SIZE OF BUILDING (SPACE) _____ #OF SEATS/ROOMS _____

I HEREBY REQUEST THAT A BUILDING INSPECTION BE MADE OF THE PREMISES INDICATED ABOVE AS REQUIRED BY SECTION 110.7 OF THE MASSACHUSETTS STATE BUILDING CODE.

A CHECK MADE OUT TO THE TOWN OF PLAINVILLE IN THE AMOUNT OF **\$100** MUST BE ATTACHED.

SIGNATURE OF OWNER _____

****BUILDING OR STRUCTURE SHALL NOT BE OCCUPIED OR CONTINUE TO BE OCCUPIED WITHOUT THE POSTING OF A VALID CERTIFICATE OF INSPECTION****

OFFICIAL USE ONLY

USE GROUP _____ SQUARE FOOTAGE _____ CAPACITY _____

DATE OF INSPECTION _____

PREMISES DOESN'T COMPLY WITH MASSACHUSETTS STATE BUILDING CODE BUT _____ DAYS ARE ALLOWED FOR CORRECTION _____

PREMISES COMPLY WITH MASSACHUSETTS STATE BUILDING CODE _____

ALL CORRECTIONS HAVE BEEN MADE, PREMISES COMPLY WITH STATE BUILDING CODE _____

SIGNATURE OF INSPECTOR _____ DATE _____

Marshall Adams
Building Commissioner