



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**

**BUILDING DEPARTMENT**

**Request for Periodic Inspection**

**Jonathan Ackley**  
Building Commissioner  
& Zoning Enforcement  
jackley@townofmedway.org  
Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 533-3253

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Manager: \_\_\_\_\_

Manager Contact Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Manager Address: \_\_\_\_\_

Size of building with floor plan to scale (✓ if included) \_\_\_\_\_ Number of Units: \_\_\_\_\_

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The inspection shall consist of, but not be limited to:

- Egress Components (hall, passages, and doorways)
- Fire Protection (smoke and carbon monoxide detectors, suppression, and notification systems)
- Fire Separation Assemblies (doors, walls, and ceilings)
- General Maintenance (electrical, plumbing, gas, structural components, and weather protection)

I hereby request that a building inspection be made of the premises indicated above as required by Section 110 of the Massachusetts State Building Code.

**A check in the appropriate amount must be attached:**  
**Fees are \$75.00 for 3 units, plus \$5.00 for each additional unit.**

\_\_\_\_\_  
Signature of Owner

**STRUCTURE SHALL NOT BE OCCUPIED WITHOUT THE  
POSTING OF A VALID CERTIFICATE OF INSPECTION**

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**OFFICAL USE ONLY**

Date of Inspection: \_\_\_\_\_

\_\_\_\_\_  
Jonathan Ackley, Building Commissioner

\_\_\_\_\_  
Date

Paid Check Number: \_\_\_\_\_ Received By: \_\_\_\_\_ Pay Date: \_\_\_\_\_