



TOWN OF MEDWAY
BUILDING DEPARTMENT
155 VILLAGE STREET
MEDWAY MASSACHUSETTS
PHONE 508-533-3253
FAX-508-321-4983
jmee@townofmedway.org

REQUEST FOR PERIODIC INSPECTION

Date _____
Business Name _____
Owner _____
Phone _____ Email _____
Name of person in charge if other than owner _____
Type of Business _____
Size of Building (space) _____
Number of seats/rooms _____

I hereby request that a building inspection be made of the premises indicated above as required by section 110.0 of the Massachusetts State building code.

A check made out in the amount of \$75.00 must be attached.

Signature of owner _____

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

OFFICIAL USE ONLY

Use Group _____ Square footage _____ Capacity _____

Date of Inspection _____

Premises do not 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 Massachusetts State Building Code. _____

Jack Mee, Building Commissioner

Date

Paid check number: _____

Pay date: _____