



*Office of the Building Inspector*  
Town of Granville  
707 Main Road  
Granville, MA 01034  
413-357-8585

Application for Certificate of Periodic Inspection

Inspection Year: \_\_\_\_\_

Fee Required: \$ \_\_\_\_\_

In accordance with the provisions of the Massachusetts State Building Code, 780 CMR, Chapter 1 and Chapter 304 of the Acts of 2004, I hereby apply for **Certificate of Inspection** for the below named premises located at the following address:

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Purpose for which premises is used: \_\_\_\_\_

Certificate to be issued to: \_\_\_\_\_

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

Owner of record of building: \_\_\_\_\_

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

Name of present holder of certificate: \_\_\_\_\_

Name of Agent, if any: \_\_\_\_\_

\_\_\_\_\_  
Signature, Authorized Agent of person  
to whom certificate is issued

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

Please complete this application, and mail with your check, in the amount of above made payable to the *Town of Granville* to: Building Department, PO Box 247, Granville, MA 01034

Selectboard approved fees 4/8/19: R2: \$150.00; A2, A3 & others: \$100.00

The Building Official shall be notified within ten (10) days of any change in the above information.

**Office Use Only:** Date Received: \_\_\_/\_\_\_/\_\_\_ Check#: \_\_\_\_\_ Certificate#: \_\_\_\_\_