



INSPECTIONAL SERVICES DEPARTMENT

City of Cambridge • 831 Massachusetts Avenue • Cambridge, Massachusetts 02139

617-349-6100 • TTY 617-349-6112 • Fax 617-349-6132

Ranjit Singanayagam - Commissioner

- APPLICATION FOR CERTIFICATE OF INSPECTION
 APPLICATION FOR CAPACITY INCREASE OF EXISTING CERTIFICATE OF INSPECTION

In accordance with the provisions of the Massachusetts State Building Code, Sec. 110.7, I hereby apply for a Certificate of Inspection for the below named establishment located at the following address:

Address of Establishment _____

Name of Establishment _____

Purpose for which occupied _____

Name of Applicant _____
(with title or position, address, and phone) _____

I hereby request the following number of occupants per story for the above named establishment:

(Note: If establishment is a Day-Care facility, please indicate the age group of the occupants.)

Basement	_____	Fourth	_____
First	_____	Fifth	_____
Second	_____	Add'l Levels	_____
Third	_____	Roof	_____

Signature of Applicant _____ Date _____

Applicant is responsible for obtaining the following Department approvals:

(Note: Building Official may waive certain Department approvals.)

Department		Date Approved
Zoning	_____	_____
Fire	_____	_____
Wiring/Elec.	_____	_____
Plumbing	_____	_____
Sanitary	_____	_____

Instructions:

- Return completed application, with required departmental approvals, to Inspectional Services Department.
- Application must include floorplan (to scale) which clearly shows floor layout, exits, and exit paths.
- Building Official will review application, conduct inspection as necessary, and compute fee as necessary.
- Fee must be received at Inspectional Services or City Clerk's office before Certificate will be issued. Fee is also payable upon inspection of premises by Building Official (check or money order only).
- The Building Official must be notified in writing within 10 days of any change in the above information.

For Office Use Only

Building Official _____ Fee Amount _____

Date Approved _____ Expiration Date _____