

Town of Milford
Department of Inspections
52 Main Street Milford, MA 01757 (508) 634-2313
Application for Certificate of Inspection

Date Fee \$

Milford Fire Dept. has informed all establishments of the newest kitchen ventilation cleaning regulations.

If applicable, please make sure that your establishment is in compliance prior to returning this application.

In accordance with the provisions of the Massachusetts State Building Code 9th Edition Chapter I § 780. Table 110.7. I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Name of the premises	<input type="text"/>
Address	<input type="text"/>
Use Group	<input type="text"/>
Certificate to be Issued to	<input type="text"/>
Address (if different from above)	<input type="text"/>
Address 2	<input type="text"/>
Phone #	<input type="text"/>
Property Owner of Record of Building	<input type="text"/>
Address	<input type="text"/>

Name of Contact To Schedule Inspection	<input type="text"/>	Phone#	<input type="text"/>
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Signature of person to whom
Certificate is issued or Authorized Agent

Title

Print Name of Signature (Above)

Date

Instructions:

- 1) Make check payable to: TOWN OF MILFORD and Return This Application and your Check to:
The Department of Inspections, Town Hall, 52 Main Street, Milford, MA 01757
- 2) Application form with accompanying fee must be submitted for each building or structure or part thereof to be certified.
- 3) Application and fee must be received before inspection will be scheduled.
- 4) Please contact the Dept. of Inspections to schedule your inspection at: (508) 634-2313 M-F 8:00am-4:00pm.
- 5) The Building Official shall be notified within ten (10) days of any change in the above information.
**PLEASE make any changes or corrections on application*

Current Certificate#	<input type="text"/>	Expiration Date	<input type="text"/>
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Periodic Inspection Information Sheet

Inspector _____ Date _____

Facility and Address _____

Remarks:

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