

TOWN OF BRIMFIELD

COMMONWEALTH OF MASSACHUSETTS

INSPECTOR OF BUILDINGS

23 Main Street

Brimfield, Ma 01010

(413) 245-4100 x 5

Email: building@brimfieldma.org

Web-site: www.brimfieldma.org

APPLICATION FOR CERTIFICATE OF ANNUAL INSPECTION

Please be sure to complete all sections on both pages contained in this application. Your check must accompany the completed application.

FEE AMOUNT* (if required) \$ _____ DATE _____ / _____ / _____

WHEN THE OFFICE RECEIVES THE COMPLETED APPLICATION AND FEE, WE WILL CALL TO SCHEDULE AN INSPECTION.

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In accordance with the provisions of the Massachusetts State Building Code table 110, I hereby apply for a Certificate of Inspection for the below named premises located at the following address:

NAME OF PREMISES: _____

NUMBER & STREET: _____ ZIP _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PURPOSE FOR WHICH PREMISES IS USED: _____

CERTIFICATE TO BE ISSUED TO: _____

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INSTRUCTIONS:

1. MAKE CHECK PAYABLE TO: TOWN OF BRIMFIELD
2. RETURN THIS APPLICATION, ALL REQUIRED DOCUMENTS & CHECK TO:
BUILDING DEPARTMENT
23 MAIN STREET
BRIMFIELD, MA 01010

*fee = \$100.00 for first building, \$50.00 per additional buildings

Required Submittals, if applicable (check if document is submitted)

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|---|--------------------------------|
| Current fire extinguisher inspection report. | Attached____Not Applicable____ |
| Current fire sprinkler test report. | Attached____Not Applicable____ |
| Current fire alarm & smoke/heat detector test report. | Attached____Not Applicable____ |
| Current kitchen hood suppression system test report. | Attached____Not Applicable____ |
| Current generator test report. | Attached____Not Applicable____ |
| Current fire escape, exterior stairway, bridge, balcony report. | Attached____Not Applicable____ |
| Current interior and exterior bleacher report. | Attached____Not Applicable____ |

Additional items that should be addressed prior to Annual CMR 780 Table 110 Inspection.

- 1. All exit signs and emergency lighting shall be tested to verify they are in good working order. Any malfunctioning devices must be repaired immediately and **certified by a Licensed Professional.**
- 2. Oil fired appliances are to be inspected, cleaned and tagged annually.
- 3. Commercial hood systems are to be tagged as to last cleaning period.
- 4. Current inspection of elevators certificate on site.

NOTE: All testing must be completed in accordance with applicable State Building Code & NFPA standards.

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SIGNATURE OF PROPERTY OWNER OR AUTHORIZED AGENT

Signature/Title

TELEPHONE: _____ **DATE:** ____/____/____

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William Cantell
Building Commissioner/Zoning Enforcement Officer

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|--------------------------------|------------------------------|
| FOR OFFICIAL USE: | DATE RECEIVED ____/____/____ |
| CHECK AMOUNT \$ _____ | CHECK # _____ |
| INSPECTION DATE ____/____/____ | TIME: ____:____ |