TOWN OF SPENCER

Office of Development & Inspectional Services

Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner Inspector of Buildings Health Agent Wetland/Soil Specialist



Memorial Town Hall 157 Main Street Spencer, MA 01562

Tel: 508-885-7500 ext. 180 Fax: 508-885-7519

APPLICATION FOR CERTIFICATE OF INSPECTION

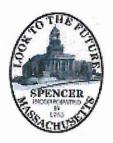
| Date: | |
|---|---|
| In accordance with the provisions of the Massachusetts S | State Building Code, Section 106.5, I hereby apply for a |
| Certificate of Inspection for the below named premises le | ocated at the following address: |
| Street: | |
| Purpose for which premises is used | |
| Licenses(s) or Permits(s) Required for the Premises by O | ther Governmental Agencies: |
| License or Permit | Agency |
| | |
| Certificate to be issued to | |
| Address | |
| Owner of Record of Building | |
| Address | |
| Contact Person | Telephone No |
| Signature of Person to Whom Certificate is Issued or Aut | horized Agent Title |
| Contact EMAIL: | |
| Instructions: Make check payable to Town of Spencer; re to Town of Spencer, ODIS, 157 Main Street, Spencer, MA | turn this application with your check or money order 01562. |
| Please Note: Application form with accompanying fee must be submit certified. Application and fee must be received before the | ted for each building or structure or part thereof to be Certificate will be issued. |
| For Official Use Only: Permit # Fee \$_15 | 0.00 Check # Date Paid |
| Date Permit Issued: | Date Permit Expires: |

TOWN OF SPENCER

Office of Development & Inspectional Services

Planning Board Zoning Board of Appeals Conservation Commission Board of Health

Town Planner Inspector of Buildings Health Agent Wetland/Soil Specialist



Memorial Town Hall 157 Main Street Spencer, MA 01562

Tel: 508-885-7500 ext. 180 Fax: 508-885-7519

| Date: | | |
|------------------|--|--|
| Applicant/Owner: | | |
| Address: | | |

Certificate of Inspection Checklist

| Certificate of Inspection Checklist: | | | | | | |
|--------------------------------------|--|-----|----|-----|--|--|
| | | Yes | No | N/A | | |
| 1. | Emergency lights work and are functioning properly | | | | | |
| 2. | Fire extinguishers are inspected and current | | | | | |
| 3. | Egress doors are operable | | | | | |
| 4. | Exit signs are lit | | | | | |
| 5. | Hood inspections (where necessary) are up to date | | | | | |
| 6. | 3 Feet of clearance around all electrical panels | | | | | |
| 7. | Egress certifications should be reviewed and up to date where required | | | | | |
| 8. | Building components are operable and in good condition | | | | | |

Please make sure the checklist is completed and returned with the application and check for \$150.00 made out to the Town of Spencer.

Should you have any questions or concerns please contact the Building Department at 508-885-7500 ext 180.

Thank you, Monica Santerre-Gervais ODIS Senior Clerk

PLEASE NOTE IF YOU HAVE NOT HAD YOU FIRE EXTINGUSHERS INSPECTED CALL THE FIRE DEPTARTMENT FOR AN INSPECTION 508-885-3555