

TOWN OF WESTWOOD
COMMONWEALTH of MASSACHUSETTS

Joseph F. Doyle Jr.
Building Commissioner
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Susanne Hogan
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TEL: 781- 320-1091
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BUILDING DEPARTMENT
APPLICATION FOR CERTIFICATE OF INSPECTION

Date: _____

(X) Fee Required (Fees have changed. Please see attached inspection fee schedule)
() No Fee Required

In accordance with the provisions of the Massachusetts State Building Code, Section 110.7 & Table 110, I hereby apply for a Certificate of Inspection for the below-named premises located at the following address:

Address: _____

Name of Premises: _____

Purpose for which premises is used: _____

License(s) or Permit(s) required for the premises by other Governmental Agencies:

<u>License or Permit</u>	<u>Agency</u>
_____	_____

Certificate to be issued to: _____

Address: _____

Owner of Record of Building: _____

Address: _____

Name of present holder of certificate: _____

Name of Agent, if any: _____

SIGNATURE OF PERSON TO WHOM CERTIFICATE IS TO BE ISSUED OR AUTHORIZED AGENT	TITLE	DATE
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INSTRUCTIONS:

1. Make check payable to Town of Westwood.
2. Application form with accompanying fee must be submitted to the Building Department for each building or structure or part thereof to be certified. Mailed applications must be sent to the 50 Carby Street address.
3. Application and fee must be received before the certificate will be issued. Be sure to fill out both sides of form.
4. Applicant must call the Building Department, 781-320-1091, to schedule the inspection.
5. The Building Official shall be notified within ten (10) days of any change in the above information

Certificate # _____

Expiration Date: _____

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- | | | | |
|--|-----|---|----|
| 1. Is there any type of Fire Escape or Balcony on Building? | YES | " | NO |
| 2. Is there any type of Wooden Stair on the exterior of the building? | YES | | NO |
| 3. If yes to #1 or #2, have they been certified in the last five years per 780 CMR, section 1001.3.2 with copy of Engineer's letter? | YES | | NO |
| 4. Is a Crowd Manager required for your establishment? | YES | | NO |
| 5. Attached with application is a copy of the Crowd Manager's paperwork? | YES | | NO |
| 6. Check all Emergency lights for proper operation? | YES | | NO |
| 7. Check exit lights and signs for proper placement and operation? | YES | | NO |
| 8. Check all egress doors and passage ways? (clear exit ways of all boxes, containers, etc.) | YES | | NO |
| 9. Remove all deadbolts from exit doors? | YES | | NO |
| 10. Make sure all Fire Extinguishers have been serviced and tagged with the date of last service tag punched? | YES | | NO |
| 11. Check automatic Fire Suppression System (ANSUL). Have a system tagged with date of last service and inspections? | YES | | NO |
| 12. Copy of Fire Alarm Report if applicable? | YES | | NO |
| 13. Copy of Sprinkler report if applicable? | YES | | NO |

Name of person who will be on site for Inspection: _____ Phone Number: _____

I hereby understand and have completed the above application and checklist and understand if inspection should fail there will be a re-inspection fee of \$50.00. This fee will need to be paid prior to re-inspection.

Signature of Owner or Owner's Agent



Town of Westwood

Commonwealth of Massachusetts
BUILDING DEPARTMENT

780 CMR, Section 110, Schedule & Proposed fees for periodic inspections of existing buildings

<u>Use Group</u>	<u>Occupancy Load</u>	<u>Certification Period</u>	<u>Fee</u>
A-1 Movie theaters or Theaters for the performing arts	> 400 persons	1 yr.	\$200
	≤ 400 persons	1 yr.	\$100
A-2 Restaurants, nightclubs or similar uses	> 400 persons	1 yr.	\$200
	≤ 400 persons	1 yr.	\$100
A-3 Lecture halls, dance halls, places of worship, rec centers, etc.	> 400 persons	1 yr.	\$200
	≤ 400 persons	1 yr.	\$100
A-4 Low Density Recreation		5 yrs.	\$100
E Education, day care	> 400 persons	1 yr.	\$200
	≤ 400 persons	1 yr.	\$100
I-1 Group homes		1 yr.	\$75
I-2 Hospitals, nursing homes, mental hospitals, , memory care, certain day care facilities	If not licensed By DMH	2 yrs.	\$100 + \$5 per bed
	If any license By DMH	1 yr.	\$100 + \$5 per bed
I-4 Adult and child care facilities	< 50 persons	1 yr.	\$75
	≥ 50 persons	1 yr.	\$150
R-1 Hotels, motels, boarding houses	< 20 rooms	1 yr.	\$100
	≥ 20 rooms	1 yr.	\$100 + \$5 per room
R-2 Multi Family	< 5 units	5 yrs.	\$100
	≥ 5 units	5 yrs.	\$100 + \$5 per unit
R-2 Summer Camps for children		1 yr.	\$75
R-3 Facilities licensed By DDS or DMH	< 20 rooms	1 yr.	\$100
	≥ 20 rooms	1 yr.	\$100 + \$5 per room
R-4 Residential care/assisted living/ memory care	≤ 16 persons	1 yr.	\$100
	> 16 persons	1 yr.	\$100 + \$5 per room
Any Facilities licensed by the ABCC	≤ 125 persons	1 yr.	\$100
	> 125 persons	1 yr.	\$100 + \$1 per add'l person
Common Victualer facilities	< 50 persons	1 yr.	\$75
	≥ 50 persons	1 yr.	\$75 + \$1 per add'l person
Fire Escapes		5 yrs.	\$75