

Commonwealth of Massachusetts

Office of Public Safety & Inspections Application for Certificate of Inspection

APPLICATION FOR CERTIFICATE OF INSPECTION PROCEDURES

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Attached, please find an Office of Public Safety & Inspections *Application for Certificate of Inspection* for a new or existing building or location. *Please note that effective October 3, 2008, inspection fees have been revised.*

The application must be completed pursuant to Massachusetts General Law (MGL) Chapter 111 §§ 51 and 71 and 780 CMR (The State Building Code, Section 110 and Table 110. (Also see MGL Chapter 140 § 206 for Public Swimming Pools.)

To schedule an inspection by an Office of Public Safety Building Inspector, please mail the "completed" application along with a check payable to the Commonwealth of Massachusetts to the following address (State-owned buildings and locations are exempted from fees):

Office of Public Safety & Inspections One Federal Street Boston, MA 02110 Attention: Melissa Joyce Phone Number: (617)-826-5229 E-mail address: Melissa.Joyce@mass.gov

Please Note:

- 1. Application forms with accompanying fee must be filed for each building or structure or part thereof that is to be inspected and certified.
- 2. Completed Applications with appropriate fees *must* be received by the Office of Public Safety & Inspections prior to the issuance of a *certificate of inspection*. A certificate of inspection will not be issued until the application and fee has been received and processed by the Office of Public Safety & Inspections.
- 3. Certificates for premises that serve alcohol on-site must also be inspected by a representative from the municipal fire department. It is the responsibility of the certificate applicant to contact municipal fire services to schedule a fire safety inspection. Failure to call for an inspection by fire services may cause a delay in the issuance of an Office of Public Safety & Inspections *certificate of inspection*.
- 4. Inspection requests must be received by the Office of Public Safety & Inspections at least thirty (30) days prior to the expiration of a current certificate.



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In accordance with the provisions of Massachusetts General Law Chapter 111 and\or 780 CMR (The State Building Code), Table 110, I hereby apply for a Certificate of Inspection for the below-named premise located at the following address:

Address of Premise	Street Name and Number				
	City\Town			Zip Code	
Purpose for which premise is used					
Certificate to be issued to Identify exact name of premise to be printed on certificate					
Owner of Record					
Contact Person Please indicate the person responsible for assuring inspections are completed	Contact Name	Contact Phone Number			
	Title	Contact E-Mail Address			
Signature of person to whom the Certificate of Inspection shall be issued	Print Name and	Title	Signature		

FEE SCHEDULE & CERTIFICATE INFORMATION

Please enclose a copy of the expired certificate for all existing locations.

Please provide the DPS Tag Tag		nber	Is this a New Facility?			Is this an Existing Facility?				
Number if known			Yes		No		Yes		No	
Certificate of Inspection	Frequency	Fee	Number of units			Total Fee				
Group Residences	Biennial	\$200.00								
Clinics, Infirmaries (Institutional Buildings)	Biennial	\$200.00								
Hospitals-First 100 Beds	Biennial	\$200.00								
Each Additional 25 Beds		\$ 10.00								
Day Care Centers	Annual	\$ 100.00								
Assemblies (1 to 500 occupants)	Annual	\$ 100.00								
Each additional 200 occupants		\$ 10.00								
Residential										
Total Fee Submitted										
Return this application with a check made payable to the Commonwealth of Massachusetts to: <i>Office of Public Safety & Inspections</i>				Inspect By	ed					
One Federal Street Boston, MA 02110 Attention: Melissa Joyce				Date Inspect						

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