



Town of Ashland, *Inspectional Services*

Date _____

In accordance with the Massachusetts State Building Code, chapter 1, table 110, schedule for periodic inspections.

You are required to have your periodic inspection every 5 years, from the date of first issuance of an Occupancy.

Please fill in this form and mail it back along with your check and we will contact you to perform the inspections.

Violations and or failure to follow through on this may result in a court hearing and or fines.

Name of building/complex _____

Number of buildings _____

Inspection fee is currently \$40.00 per building

Owners information:

Name _____

Address _____

Phone Number _____

Email address _____

Person responsible _____

Management information:

Name _____

Address of home office _____

Phone number _____

Email address _____

On site managers information:

Name _____

Site email _____

Site Phone number _____

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