

Date:

## TOWN OF MEDWAY COMMONWEALTH OF MASSACHUSETTS

## BUILDING DEPARTMENT

Jonathan Ackley
Building Commissioner
& Zoning Enforcement
jackley@medwayma.gov
Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3253

Fee: \_\_\_\_\_

## Request for Periodic Inspection

Location:		
Owner:		
Owner Contact Number: ()		Email Address:
Manager:		
		Email Address:
Manager Address:		
Size of building with floor plan to scale	( if included)	Number of Units:
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The inspection shall consist of, but not be limited to:  • Egress Components (hall, passages, and doorways)  • Fire Protection (smoke and carbon monoxide detectors, suppression, and notification systems)  • Fire Separation Assemblies (doors, walls, and ceilings)  • General Maintenance (electrical, plumbing, gas, structural components, and weather protection)		
I hereby request that a building inspecting 110 of the Massachusetts State Building		emises indicated above as required by Section
		ount must be attached:  Of or each additional unit.
Signature of Owner		
POSTING OF A	A VALID CERTIFI	CUPIED WITHOUT THE CATE OF INSPECTION ************************************
Date of Inspection:		
Jonathan Ackley, Building Commissioner		Date
Paid Check Number:	Received By:	Pay Date: