



OFFICE USE ONLY

VP ID: _____

Dept Received Date _____

Check Date _____

Check Number _____

Name on Check _____

Inspection Date & Time _____

Certificate Number _____

TOWN OF WARE

Building Department

126 Main Street

Ware, MA 01082

413-967-9648 x180

Periodical Inspection Application

Business Name _____

Mailing Address _____

City, State, Zip _____

Contact's Name _____

Contact's Phone Number _____

Contact's Email _____

Certificate of Inspection Addressee Information

Establishment Name _____

Property Address _____

City, State, Zip _____

Establishment Phone _____

Current Certificate Number _____

Sprinklers Installed? Yes No

- Make checks payable to the **Town of Ware** in the amount of **\$75.00**
- Application and fee must be received before inspection will be scheduled.
- Return this application with your check to:

Town of Ware Building Department

126 Main Street

Ware, MA 01082