



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

43 So. Washington Street, North Attleborough, MA 02760

Telephone: (508) 699-0110

Fax: (508) 699.0144

PLEASE MAKE SURE FAXES ARE SENT BEFORE 3:15 P.M.

Mike Briggs, Mechanical Inspector

Ted Johnston, Mechanical Inspector

**REQUEST FOR MECHANICAL INSPECTION
COPY OF THE PERMIT POSTED AND SOMEONE OVER THE AGE OF 18 HOME.**

Date: _____

Time: _____

____ Rough

____ Final

____ Rough Reinspection (\$25)

____ Final Reinspection (\$25)

____ Other (C.O. Only)

____ One Time Inspection Only

Brief Description of Job: _____

Permit No: _____

On property located at: _____
Street Address

Premises owned by: _____

Contractors Name: _____ License # _____

Phone No. _____

**INSPECTIONS SHALL BE MADE WITHIN THREE (3) BUSINESS DAYS OF
RECEIPT OF THIS NOTICE:**

Date Inspected: _____ Time: _____ Pass _____ Fail _____

By: _____ W/Re-Inspection Fee
Mechanical Inspector