



TOWN OF FOXBOROUGH
Inspections Department

40 South Street
Foxborough, Massachusetts 02035
Tel. (508) 543-1206 / Fax. (508) 543-6278

REQUEST FOR PLUMBING/GAS INSPECTION

FAX TO: 508-543-6278

PLEASE WRITE LEGIBLY

Today's Date: _____ Requested Date for Inspection: _____

I, _____, hereby request an inspection
Licensed Plumber/Gas Fitter Only

under Section 2.04 of the Massachusetts Fuel Gas & Plumbing Code for:

_____ Rough Plumbing	_____ Rough Plumbing Re-inspection (\$30)
_____ Final Plumbing	_____ Final Plumbing Re-inspection (\$30)
_____ Rough Gas	_____ Rough Gas Re-inspection (\$30)
_____ Final Gas	_____ Final Gas Re-inspection (\$30)
_____ Other	_____ Other (\$30)

Explain Type of Installation: _____

Permit Number: _____

On property located at _____
Street Address (AND Lot Number if new Subdivision)

Premises owned by: _____ Telephone Number _____

Signature of Plumber/Gas Fitter License Number Telephone Number

INSPECTIONS SHALL BE MADE WITHIN TWO (2) WORKING DAYS OF RECEIPT OF THIS NOTICE. NOTE: WHEN AN INSPECTION IS REQUESTED AND THE WORK IS NOT READY, THE PREMISES ARE LOCKED OR NOT ACCESSIBLE BY MEANS OF A SET OF STAIRS, OR IT IS NOT ACCEPTABLE, A RE-INSPECTION FEE OF \$30.00 WILL BE CHARGED. THIS FEE IS TO BE PAID AT THE BUILDING INSPECTIONS DEPARTMENT PRIOR TO THE RE-INSPECTION.

FOR OFFICE USE ONLY

Date Inspected: _____ Pass _____ Fail _____

By: _____
Michael T. Eisenhauer, Plumbing/Gas Inspector
Paul W. Steeves, Asst. Plumbing/Gas Inspector