



TOWN OF PLAINVILLE
190 South Street
Plainville, MA 02762
508-576-8491 Fax: 508-576-8499

CONTRACTOR CERTIFICATION

Permit: # _____ Dated: _____

CIRCLE ONE

*Plumbing Contractor / Electrical Contractor /
Fire Suppression/ Fire Alarm System Contractor / HVAC Contractor*

I, _____, hereby certify to the best of my knowledge and belief, that the said project located at _____ in Plainville, MA. has been constructed and completed in accordance with all applicable Codes & Regulations of Massachusetts, Ma Code Edition: # _____

Company Name: _____ License # _____

Address: _____ Town: _____ State: _____

Signature of Contractor _____ Date: _____

Then came the above named, _____ that the statements made in the foregoing are true, to the best of his/ her knowledge and belief, before me.

Date: _____ Notary of Public: _____

My Commission expires on: _____ Seal