

45 Railroad Street  
Lee, MA 01238-1694

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**TRI-TOWN HEALTH DEPARTMENT**  
**Lee - Lenox – Stockbridge**

**Application for Witnessing Official Title 5 Inspections**  
**Fee: \$150 per lot**

Site Address: \_\_\_\_\_ Parcel # \_\_\_\_\_ Tax Map # \_\_\_\_\_

**Owner Information:**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Company Information:**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for inspection:

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Date Requested for Witnessing: \_\_\_\_\_ Time: \_\_\_\_\_

**Please make checks payable to: Tri-Town Health Department**

**Note: Fee must accompany application and be returned to:** Tri-Town Health Department, 45 Railroad Street, Lee, MA 01238

**PLEASE READ THIS STATEMENT:**

Results must be forwarded to the approving authority and the property owner within 30 days of inspection. Failure to forward results to the approving authority may be cause for revocation of the Title 5 System Inspector's Certification per 310CMR 15.301(10).

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**FOR OFFICE USE ONLY:**

Confirmed T5 Dates/Times: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Fee: \_\_\_\_\_ Invoice # if needed \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Comments: \_\_\_\_\_

**\*\*\*\* APPLICATION WITH INSUFFICIENT INFORMATION WILL BE RETURNED \*\*\*\***