



Town of Mansfield

Massachusetts State Building Code (780 CMR) 9th edition
Building Permit Application for any Building
OTHER THAN a One- or Two-Family Dwelling

Inspections Department
6 Park Row, Mansfield, MA 02048
Telephone # 508-261-7360
Fax # 508-261-7343

Permit number _____ This Section For Official Use Only Date issued _____

Building Commissioner/Zoning Enforcement Officer Assistant Inspector

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street City /Town Zip Code Name of Building (if applicable)

SECTION 2: PROPOSED WORK

If New Construction check here [] or check all that apply in the two rows below

Existing Building [] Repair [] Alteration [] Addition [] Demolition [] (Please fill out and submit Appendix 1)

Change of Use [] Change of Occupancy [] Other [] Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes [] No []
Is an Independent Structural Engineering Peer Review required? Yes [] No []

Brief Description of Proposed Work:

Building Setbacks (ft)

Table with 6 columns: Front Yard (Required, Provided), Side Yards (Required, Provided), Rear Yard (Required, Provided)

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Evaluation is enclosed (See 780 CMR 3402.0) []

Existing Use Group(s): _____ Proposed Use Group(s): _____
Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

SECTION 4: BUILDING HEIGHT AND AREA

Table with 4 columns: Existing, Proposed, No. of Floors/Stories, Total Area and Height

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 [] A-2r [] A-2nc [] A-3 [] A-4 [] A-5 [] B: Business [] E: Educational []
F: Factory F-1 [] F2 [] H: High Hazard H-1 [] H-2 [] H-3 [] H-4 [] H-5 []
I: Institutional I-1 [] I-2 [] I-3 [] I-4 [] M: Mercantile [] R: Residential R-1 [] R-2 [] R-3 [] R-4 []
S: Storage S-1 [] S-2 [] U: Utility [] Special Use [] and please describe below:

Special Use:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA [] IB [] IIA [] IIB [] IIIA [] IIIB [] IV [] VA [] VB []

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public [] Private []
Flood Zone Information: Check if outside Flood Zone [] or indentify Zone: _____
Sewage Disposal: Indicate municipal [] or on site system []
Trench Permit: A trench will not be required [] or trench permit is enclosed []
Debris Removal: Licensed Disposal Site [] or specify: _____

Railroad right-of-way: Not Applicable [] or Consent to Build enclosed []

Hazards to Air Navigation: Is Structure within airport approach area? Yes [] or No []

MA Historic Commission Review Process: Is their review completed? Yes [] No []

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
 Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) _____ No. and Street _____ City/Town _____ Zip _____

Property Owner Contact Information:

Title _____ Telephone No. (business) _____ Telephone No. (cell) _____ signature required _____

REQUIRED: the property owner hereby authorizes

Name _____ Street Address _____ City/Town _____ State _____ Zip _____
 to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control & OR registered home improvement contractor

Name (Registrant)	Telephone No.	signature required	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

10.2 General Contractor

Company Name: _____

Name of Person Responsible for Construction _____ License No. and Type if Applicable _____

Street Address _____ City/Town _____ State Zip _____

Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ (contact municipality)
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here _____

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name _____ Title _____ Telephone No. _____ Date _____

Street Address _____ City/Town _____ State Zip _____

Municipal Inspector to fill out this section upon application approval: _____
 Name _____ Date _____

THIS SECTION IS FOR OFFICIAL USE ONLY

APPROVAL

DATE

M M ELECTRIC DEPT. _____ *(DEMO ONLY)*

WATER CONNECTION _____

SEWER CONNECTION _____

CONSERVATION _____

HEALTH DEPT. _____

FIRE DEPT. _____

** IF APPLICABLE FIRE DEPT. MUST REVIEW PLANS FOR SMOKES, CARBON, SPRINKLER SYSTEMS.*

DEPT. OF PUBLIC WORKS _____

** IF APPLICABLE, DPW MUST REVIEW FOR CURB CUTS, RELOCATION OF CURBING ETC.*

PLANNING BOARD- IF APPLICABLE, ATTATCH A COPY OF THE PLANNING BOARD DECISION AFTER FILING WITH THE REGISTRY OF DEEDS.

ZONING BOARD- IF APPLICABLE, ATTACH A COPY OF THE ZONING BOARD DECISION AFTER FILING WITH THE REGISTRY OF DEEDS.

Appendix 2

Construction Documents are required for a structure that must comply with 780 CMR 9th edition IBC 2015 section 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation ins. affidavit & certificate of Ins.			
19	Hazardous Material Mitigation Documentation			
20	Construction control affidavit			
21	Final cost affidavit			
22	Debris disposal affidavit			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date



TOWN OF MANSFIELD, MASSACHUSETTS

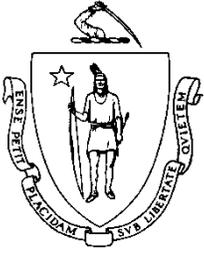
Building Department
Six Park Row, Mansfield, MA 02048
Phone (508) 261-7360
Fax (508) 261-7343

PROCEDURES FOR FILING CONTROLLED CONSTRUCTION DOCUMENTS

Prior to the issuance of any building permit regulated under the Massachusetts State Building code 780 CMR section 107.6, structures 35,000 cubic feet or greater, or if specifically requested by the building official, construction control documents are to be completed and submitted with this application, to the building department.

If so directed by the building official, periodic reports are to be forwarded to the building department. Periodic reports will be at the discretion of the building official, pending the scope and nature of the project. Failure to submit the necessary, or required periodic inspection reports, may result in a stop work order, 780 CMR 115.

Prior to the issuance of a Certificate of Occupancy, a final construction control document, licensed builder final report, and a final cost affidavit are to be completed and submitted in conjunction with a complete record of periodic and final inspection reports.



Initial Construction Control Document

To be submitted with the building permit application by a
Registered Design Professional
for work per the ninth edition of the
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: **Date:**

Property Address:

Project: Check (x) one or both as applicable: **New construction** **Existing Construction**

Project description:

I MA Registration Number: Expiration date: , am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning¹:

Architectural
Fire Protection

Structural
Electrical

Mechanical
Other:

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. **Review**, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. **Perform** the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. **Be present** at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a **'Final Construction Control Document'**.

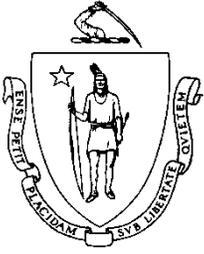
Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: **Email:**

Building Official Use Only

Building Official Name: **Permit No.:** **Date:**

Note 1. Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.



Final Construction Control Document

To be submitted at completion of construction by a
Registered Design Professional
for work per the ninth edition of the
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: **Date:** **Permit No.**

Property Address:

Project: Check (x) one or both as applicable: **New construction** **Existing Construction**

Project description:

I MA Registration Number: Expiration date: , am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

Architectural
Fire Protection

Structural
Electrical

Mechanical
Other: Describe

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. **Have reviewed**, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. **Have performed** the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. **Have been present** at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number:

Email:

Building Official Use Only

Building Official Name:

Permit No.:

Date:



TOWN OF MANSFIELD, MASSACHUSETTS

Building Department
Six Park Row, Mansfield, MA 02048
Phone (508) 261-7360
Fax (508) 261-7343

LICENSED BUILDER FINAL REPORT

I certify that I have supervised the construction required under permit number _____
dated _____, located at _____

To the best of my knowledge and belief, the work has been performed in compliance with
780 CMR Massachusetts state building code, the plans submitted, and all other pertinent
laws and ordinances.

Company Name _____

Address of business _____
Street state zip code

Licensed Builder _____ License # _____

Address of Builder _____
Street state zip code

Date of statement _____

Builders signature _____

Then personally appeared the above named _____
And made oath that the above statements by him/her are true.

Notary public _____ my commission expires _____



Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Building Department

PHONE 508-261-7360 / FAX 508-261-7343

DEBRIS DISPOSAL AFFIDAVIT

780 CMR 9th edition, section 105.3.1 item 4

Every city or town shall require, as a condition of issuing a building permit or license for the demolition, renovation, rehabilitation or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation or alteration be disposed of in a properly licensed solid waste disposal facility, as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris is to be disposed. If for any reason, the debris will not be disposed of as indicated, the permittee or licensee shall notify the issuing authority as to the location where the debris will be disposed. The issuing authority shall amend the permit or license to so indicate.

THE DEBRIS WILL BE DISPOSED OF AT:

NAME OF WASTE FACILITY

ADDRESS OF FACILITY

SIGNATURE OF PERMIT APPLICANT

JOBSITE ADDRESS

DATE OF APPLICATION



TOWN OF MANSFIELD, MASSACHUSETTS

Building Department
Six Park Row, Mansfield, MA 02048
Phone (508) 261-7360
Fax (508) 261-7343

REQUIRED REPORTS AND NOTICES TO BUILDING OFFICIALS

Designer of record: Shall inspect and report on all critical aspects of controlled construction; determine which concrete pours require test samples and verify all test reports for compliance with the specifications submitted; inspect placement of reinforcement prior to concrete pours; verify that all structural connections satisfy design criteria. Include reports for, and not limited to, foundation, structure, energy compliance, air balancing, fire protection systems, fire resistant assemblies, and roof assemblies.

Contractor: Shall present a written inspection request utilizing the Town Of Mansfield Request for Building Inspection form found at our office, or at [Mansfieldma.com>departments>building department>inspection forms](http://Mansfieldma.com/departments/building%20department/inspection%20forms).

Foundation _____

Insulation _____

Rough electric _____

Final electric _____

Rough plumbing _____

Final plumbing _____

Rough mechanical _____

Final mechanical _____

Rough building _____

Final fire department _____

Final building _____

After completion shall sign and submit the construction control documents, final builder reports, and final cost affidavit found in this application package.

CRITERIA FOR NEW ADDRESSES REGARDING CONDOMINIUMS AND APARTMENT BUILDINGS

In order to ensure public safety for emergency response, standard criteria and format of addresses for new condominiums or apartments is mandatory. In order to comply with this, the developer needs to establish the address in the design stages of the project. Please use the following standard:

** One street number address*

** Buildings to be identified by a single letter: A, B, C, etc.*

No letter is required if it is a single building

** Unit number: A three digit number starting as follows:*

Basement: 0xx

First floor: 1xx

Second floor: 2xx

Third floor: 3xx and so on.

For example, using Copeland crossing at 287 Chauncy Street, the address of the second floor unit 201, in building A would be:

287 CHAUNCY STREET UNIT A201

The developer should establish the address and unit numbers in the design stages, and include them on the building plans. If the unit addresses are not identified on the building plans, a simple sketch of the unit addresses by floor level needs to be provided for each building with submittal of the building permit application.

February 12, 2013



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. I am an employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. New construction
8. Remodeling
9. Demolition
10. Building addition
11. Electrical repairs or additions
12. Plumbing repairs or additions
13. Roof repairs
14. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



TOWN OF MANSFIELD, MASSACHUSETTS

Six Park Row, Mansfield, MA 02048

BUILDING DEPARTMENT
508-261-7360/Fax 508-261-7343

AFFIDAVIT FOR FINAL COST OF CONSTRUCTION

In accordance with the provisions of the Massachusetts State Building Code, Article 1, Section 114.0 the total cost of the construction including all related construction costs* of the building located at _____ under permit number _____ Amounts to \$ _____.

I, _____, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

*Related construction costs include all work done with or concurrently with the work contemplated by the Building Permit including construction, demolition, plumbing, heating, electrical, air conditioning, etc. Furnishings and portable equipment are not part of the total construction costs.

Signature of Owner

Item	Cost per Permit Application	Actual Final Cost	Difference
Building	_____	_____	_____
Electrical	_____	_____	_____
Plumbing/Gas	_____	_____	_____
Mechanical	_____	_____	_____
TOTAL	_____	_____	_____

COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____ 20____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were his/her _____ to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public:
My commission expires:

OFFICE USE ONLY: Additional Fees Due:

Building: _____
Plumbing/Gas: _____
Total Additional Fee Due: _____

Electrical: _____
Mechanical: _____



Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Building Department

ROBERT BLACKMAN/ZONING ENFORCEMENT/BUILDING INSPECTOR
LEE DAY/ ASSISTANT BUILDING INSPECTOR
ANTHONY STRYCHARZ/ MECHANICAL INSPECTOR

REQUEST FOR BUILDING INSPECTION

TODAY'S DATE _____

DATE OF INSPECTION _____

I, _____ HERBY REQUEST AN INSPECTION UNDER MA STATE BUILDING CODE 780 CMR NINETH EDITION R109 OR 110.5:

_____ FOUNDATION

_____ FOUNDATION RE-INSPECTION (\$25)

_____ MECHANICAL

_____ MECHANICAL RE-INSPECTION (\$25)

_____ ROUGH _____ FINAL

_____ CHIMNEY RE-INSPECTION (\$25)

_____ CHIMNEY

_____ ROUGH RE-INSPECTION (\$25)

_____ ROUGH

_____ INSULATION RE-INSPECTION (\$25)

_____ INSULATION

_____ OTHER RE-INSPECTION (\$25)

_____ FINAL

EXPLAIN TYPE OF INSTALLATION: _____

PERMIT #REQUIRED: _____

INSTALLERS CONTACT #REQUIRED: _____

ON PROPERTY LOCATED AT: _____
STREET ADDRESS (AND LOT NUMBER IF NEW SUBDIVISION)

PREMISES OWNED BY: _____ OWNER'S CONTACT # REQUIRED _____

Signature

Home Owner/Builders License#

UPON RECEIPT OF THIS REQUEST INSPECTIONS WILL BE MADE WITHIN THREE (3) WORKING DAYS. WHEN AN INSPECTION IS REQUIRED 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 REINSPECTION FEE OF \$25 WILL BE CHARGED. THIS FEE IS TO BE PAID PRIOR TO THE REINSPECTION.

OFFICE USE ONLY:

DATE INSPECTED: _____

PASS _____ **FAIL** _____

INSPECTOR OF BUILDINGS/ASSISTANT INSPECTOR: _____

MECHANICAL INSPECTOR: _____

Phone (508)261-7360 • Fax (508)261-7343 •