

**TOWN OF LAKEVILLE**  
**BUILDING DEPARTMENT**

PLEASE COMPLETE IN INK

**APPROVAL FORM**  
*To be filed with the Building Permit Application*  
**BUSINESS / COMMERCIAL**  
**BUILDING APPLICATION**



DATE: \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

MAP/BLOCK/LOT \_\_\_\_\_

TYPE OF WORK PROPOSED \_\_\_\_\_

- \* Take this form to all Departments listed below (that are applicable) for their review and have them sign off.
- \* Return to the Building Department with the required Building Application, plans and all other pertinent information.

**Tax Collector:**                      **Requires a sign off on all applications**

**Board of Health:**                      **Requires sign off on all building plans & plot plans – with some exceptions. Check with the Bldg. Dept. if you have a question.**

**Conservation:**                      **Requires sign off on applications that need a Determination of Wetlands.**

**Board of Selectmen:**                      **Requires a sign off for driveway curb cuts on a Town Road.**

**SIGN -OFF:**

Tax Collector \_\_\_\_\_ DATE \_\_\_\_\_

Board of Health \_\_\_\_\_ DATE \_\_\_\_\_

Conservation Commission \_\_\_\_\_ DATE \_\_\_\_\_

Board of Selectmen \_\_\_\_\_ DATE \_\_\_\_\_

Returned to the Building Department \_\_\_\_\_ DATE \_\_\_\_\_

***Note: All forms must be completed in full. If not, this will delay the processing of your application.***



# The Commonwealth of Massachusetts

## Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application to Construct, Repair, Renovate or Demolish any  
Building other than a One- or Two-Family Dwelling

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### Code and Other Requirements for Building Permits

The Department of Public Safety has issued these building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application, that no outstanding property taxes, water fees, etc. exist.

### Filing Instructions

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the local city or town where the work will be done.
2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
3. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the local city or town where the work will be done.

**SECTION 9: PROPERTY OWNER AUTHORIZATION**



**The Commonwealth of Massachusetts**

Department of Public Safety  
TOWN OF LAKEVILLE

Massachusetts State Building Code (780 CMR)

**Building Permit Application for any Building other than a One- or Two-Family Dwelling**

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

**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**

Edition of MA State Code used \_\_\_\_\_ 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

**SECTION 4: BUILDING HEIGHT AND AREA**

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

**SECTION 5: USE GROUP (Check as applicable)**

A: Assembly A-1  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational

F: Factory F-1  F-2  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 <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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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: \_\_\_\_\_



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: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

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

Insurer's Address: \_\_\_\_\_

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

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: \_\_\_\_\_

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p> <p>City or Town: _____ Permit/License # _____</p> <p>Issuing Authority (circle one):          1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office          6. Other _____</p> <p>Contact Person: _____ Phone #: _____</p>
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# 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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate 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.

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## 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). 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

## Appendix 1

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street	City /Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		Other (if applicable)	

## Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 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.

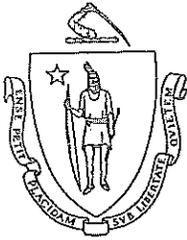
### Checklist for Construction Documents\*

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 Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*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		



**Initial Construction Control Document**  
 To be submitted with the building permit application by a  
**Registered Design Professional**  
 for work per the 8<sup>th</sup> edition of the  
 Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check 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       Structural       Mechanical  
 Fire Protection       Electrical       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.

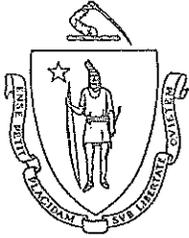
When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

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: _____



## Construction Control Progress Checklist

To be submitted at completion of required site reviews for  
 construction progress per the 8<sup>th</sup> edition of the  
 Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

I, \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

am a *registered design professional* and I or my designee have observed the following work, and to the best of my knowledge, information, and belief the construction work indicated below has been performed in a manner consistent with the approved plans and specifications.

Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6</sup> <small>(to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)</small>			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition and analysis		Energy Efficiency Requirements	
Footing and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems (Special Inspection per Sections 909.3 and 909.18.8)	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Components			
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

**Description of Construction Work Observed<sup>a</sup>:**

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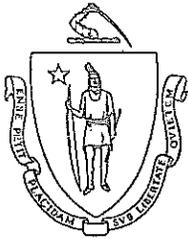
a. Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Building Official Use Only**

Building Official Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Final Construction Control Document

To be submitted at completion of construction by a  
**Registered Design Professional**  
for work per the 8<sup>th</sup> edition of the  
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check 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:

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Architectural   | <input type="checkbox"/> Structural | <input type="checkbox"/> Mechanical   |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Electrical | <input type="checkbox"/> Other: _____ |

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: _____



## Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8<sup>th</sup> Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

<b>Required Inspections to be performed by the Building Official <sup>1,6</sup></b>			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System <sup>2</sup>	
Concrete Slab/Under Floor		Carbon Monoxide System <sup>4</sup>	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump <sup>3</sup>	
Framing -- Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Componentets		Final inspection	
<b>Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6,7</sup></b> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componentets		Other Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) \_\_\_\_\_ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals and will copy all individuals with 780 CMR 107 responsibility.

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature or type name if electronic signature

Building Official Use Only	
Building Official Name: _____	Date: _____