Date Application Received

Town of Provincetown

BUILDING PERMIT APPLICATION

Office use only	
ZBA	_____
HDC	_____
Planning Board	_____
Health Dept.	_____
Conservation	_____
Water Dept.	_____
Building Dept.	_____

SITE INFORMATION :

PROJECT SITE: _____

ASSESSOR'S MAP & PARCEL#: _____ SETBACKS: _____ _____ _____
FRONT SIDES REAR

WATER SUPPLY (MGL C. 40 §54) PUBLIC ☐ PRIVATE ☐ ZONING DISTRICT(S): _____

FLOOD ZONE: _____ OUTSIDE FLOOD ZONE ☐ HISTORIC DISTRICT: YES☐ NO☐

PROJECT INFORMATION: HOMEOWNER'S AFFIDAVITS REQUIRED IF OWNERS ARE DOING THEIR OWN WORK (RESIDENTIAL PROJECTS ONLY)

☐ RESIDENTIAL ☐ COMMERCIAL ☐ CHANGE OF USE

*** COMMERCIAL BUILDINGS IN EXCESS OF 35,000 CU. FT. MUST MEET CONTROL CONSTRUCTION REGULATIONS (780 CMR 116). ADDENDUM TO PERMIT APPLICATION AVAILABLE IN BUILDING DEPARTMENT**

☐ NEW DWELLING; # OF UNITS _____
☐ ADDITION
☐ ALTERATION
☐ NEW COMMERCIAL BUILDING; # OF TENANT SPACES _____
☐ MECHANICAL; TYPE_____
☐ ACCESSORY STRUCTURE/BUILDING TYPE:_____
☐ OTHER: _____

DESCRIBE PROPOSED CONSTRUCTION: _____

_____

COST OF CONSTRUCTION: $_____ 15.3 X PER $1000 IN CONSTRUCTION COST = PERMIT FEE _____

LEGAL OWNER INFORMATION

LEGAL OWNER NAME: _____

ADDRESS: _____TOWN/STATE/ZIP: _____

EMAIL: _____ TELEPHONE: _____

LEGAL OWNER'S SIGNED AUTHORIZATION: _____DATE:_____

CONTRACTOR INFORMATION:

All building permits issued for work covered by MGL c.142A are required to contain the Registration Number of the registered home improvement contractor. **Persons contracting with unregistered contractors do not have access to the guaranty fund as set forth in MGL c. 142A**

CONTRACTOR NAME: _____LICENSE #: _____

H.I.C REG #:_____ADDRESS: _____

TELEPHONE/CELL # _____EMAIL: _____

APPLICANT NAME (PRINTED) _____ DATE: _____

APPLICANT SIGNATURE: _____ DEBRIS DISPOSAL (MGL C40§54)

BUILDING PERMIT APPLICATION
AND REQUIRED DOCUMENTS

IF YOU DO NOT HAVE ALL OF THE FOLLOWING INFORMATION, THIS APPLICATION PACKAGE IS INCOMPLETE AND WILL NOT BE ACCEPTED

- ☐ **1 COPY COMPLETED APPLICATION- all** information **must** be provided. (N/A may be used if appropriate.) Must be typed or submitted in block letters. **Map/Parcel available at Assessor's office or on-line through the assessor's database**
- ☐ **Min. 4 COPIES BUILDING PLANS** with Construction Specifications, including placement of Smoke, Heat, Carbon Monoxide Detection and Alarm Systems. (1 copy no larger than 11 x 17 scaled for file, 1 copy to Water Dept. for review, 1 copy to Assessor's for scale assessment, 1 copy to be stamped and returned to applicant)
- ☐ **2 COPIES OF CERTIFIED SITE PLAN** for new buildings and additions (horizontal and vertical) showing size and location of all existing and proposed buildings, driveway, lot coverage and set backs.
- ☐ 1 COPY **Massachusetts or WFCM Compliance Checklist** (ALL RESIDENTIAL NEW CONSTRUCTION and ADDITIONS EXCEPT DECKS)
- ☐ 1 COPY **ENERGY CALCS** FOR ALL NEW CONSTRUCTION OR HEATED ADDITIONS. (see current Stretch Energy Code for Requirements, including verification of Energy Star Rating of Windows and Doors, including photos.
- ☐ **WORKER'S COMPENSATION INSURANCE AFFIDAVIT** (Certificate of Insurance if required)
- ☐ **COPY OF CONSTRUCTION SUPERVISOR'S LICENSE & HOME IMPROVEMENT REGISTRATION NUMBER**
- ☐ **$100 Minimum permit fee**

OR

If the homeowner is doing the work themselves and serving as general contractor for RESIDENTIAL projects

- ☐ **1 COPY CONSTRUCTION SUPERVISOR EXEMPTION AFFIDAVIT**

IF APPLICABLE

- ☐ **VACANT LOT** – ONE COPY OF YOUR **DEED/PLAN** from the Barnstable County Registry of Deeds or Land Court, whichever is applicable.
- ☐ **1 RECORDED COPY OF ANY REQUIRED BOARD APPROVALS:** Zoning Board of Appeals, Planning Board, Conservation Commission, Historic District Commission decisions.

- o **MODULAR HOMES**

Submit plans approved by Division of Inspection & evidence of 3rd party engineering review.

Project **REQUIRES** Construction Supervisor License for foundation. Homeowner may **NOT** pull permit

Submit manufacturer's certification of installer/set crew.

SEE OTHER SIDE FOR APPLICATION

TO BE FILLED OUT BY ALL APPLICANTS GENERATING CONSTRUCTION DEBRIS

Debris Disposal Affidavit

As a result of the provision of M.G.L., *s/s* 54, I acknowledge as a condition of the issuance of a building permit , all debris resulting from construction activity governed by this building permit shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c111, *s/s* 150A.

I certify that the following licensed solid waste disposal site will be utilized:

Disposal Company:_____

Disposal Site:_____

Address:_____

City/Town:_____

I further certify that I will notify the Building Official of any change in the location of the solid waste disposal facility where the debris resulting from said construction activity is disposed of, and I shall submit the appropriate form for attachment to the building permit prior to completion of the work authorized under said permit.

Date:_____ Signature of Applicant:. _____

Name of Permit Applicant _____

Firm Name, if any: _____

Address:_____

SUBMIT WITH ANY BUILDING PERMIT FOR: NEW CONSTRUCTION, SUBSTANTIAL REMODELING, CONVERSION TO CONDOMINIUM UNITS AND DEMOLITION OF BUILDINGS AND STRUCTURES.

Health Agent Approval

Applicant:	
Applicant Address:	
Subject Property:	

Type of Sewage Disposal:	Septic____	Sewer____
If Septic System, year installed		
Exits flow for structure	gpd	
Proposed flow for structure	gpd	

Should this project require an upgrade to or installation of a septic system, an application packet must be provided to the Health Agent prior to issuance of the building permit. You may be required to meet with the Health Agent onsite to verify the existing gallons per day (gpd) flow.

Reviewed by Health Agent

Date: _____, By:_____

Health Agent

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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

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 a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ 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):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ 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 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 #: _____

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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
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

Revised 7-2013

AWC Guide to Wood Construction in High Wind Areas: 110 mph Wind Zone

Massachusetts Checklist for Compliance (780 CMR 5301.2.1.1)[1]

☑ Check Compliance

1.1 SCOPE

Wind Speed (3-sec. gust) ..... 110 mph ____

Wind Exposure Category ..... B ____

1.2 APPLICABILITY

Number of Stories (a roof which exceeds 8 in 12 slope shall be considered a story) _____ stories ≤ 2 stories ____

Roof Pitch ..... (Fig 2) ..... _____ ≤ 12:12 ____

Mean Roof Height ..... (Fig 2) ..... ___ ft ≤ 33' ____

Building Width, W ..... (Fig 3) ..... ___ ft ≤ 80' ____

Building Length, L ..... (Fig 3) ..... ___ ft ≤ 80' ____

Building Aspect Ratio (L/W) ..... (Fig 4) ..... _____ ≤ 3:1 ____

Nominal Height of Tallest Opening[2] ..... (Fig 4) ..... _____ ≤ 6'8" ____

1.3 FRAMING CONNECTIONS

General compliance with framing connections ..... (Table 2) ..... ____

2.1 FOUNDATION

Foundation Walls meeting requirements of 780 CMR 5404.1

Concrete ..... ____

Concrete Masonry ..... ____

2.2 ANCHORAGE TO FOUNDATION[1,3]

5/8" Anchor Bolts imbedded or 5/8" Proprietary Mechanical Anchors as an alternative in concrete only

Bolt Spacing – general ..... (Table 4) ..... _____ in. ____

Bolt Spacing from end/joint of plate ..... (Fig 5) ..... _____ in. ≤ 6" – 12" ____

Bolt Embedment – concrete ..... (Fig 5) ..... ___ in. ≥ 7" ____

Bolt Embedment – masonry ..... (Fig 5) ..... _____ in. ≥ 15" ____

Plate Washer ..... (Fig 5) ..... ≥ 3" x 3" x ¼" ____

3.1 FLOORS

Floor framing member spans checked ..... (per 780 CMR Chapter 55) ..... ____

Maximum Floor Opening Dimension ..... (Fig 6) ..... ___ ft ≤ 12' ____

Full Height Wall Studs at Floor Openings less than 2' from Exterior Wall (Fig 6) ..... ____

Maximum Floor Joist Setbacks

Supporting Loadbearing Walls or Shearwall ..... (Fig 7) ..... ___ ft ≤ d ____

Maximum Cantilevered Floor Joists

Supporting Loadbearing Walls or Shearwall ..... (Fig 8) ..... ___ ft ≤ d ____

Floor Bracing at Endwalls ..... (Fig 9) ..... ____

Floor Sheathing Type ..... (per 780 CMR Chapter 55) ..... ____

Floor Sheathing Thickness ..... (per 780 CMR Chapter 55) ..... ____ in. ____

Floor Sheathing Fastening ..... (Table 2) .. ___d nails at ___in edge / ___ in field ____

4.1 WALLS

Wall Height

Loadbearing walls ..... (Fig 10 and Table 5) ..... ___ ft ≤ 10' ____

Non-Loadbearing walls ..... (Fig 10 and Table 5) ..... ___ ft ≤ 20' ____

Wall Stud Spacing ..... (Fig 10 and Table 5) ..... ___ in. ≤ 24" o.c. ____

Wall Story Offsets ..... (Figs 7 & 8) ..... ___ ft ≤ d ____

4.2 EXTERIOR WALLS[3]

Wood Studs

Loadbearing walls ..... (Table 5) ..... 2x___ - ___ ft ___ in. ____

Non-Loadbearing walls ..... (Table 5) ..... 2x___ - ___ ft ___ in. ____

Gable End Wall Bracing[1]

Full Height Endwall Studs ..... (Fig 10) ..... ____

WSP Attic Floor Length ..... (Fig 11) ..... _____ ft ≥W/3 ____

Gypsum Ceiling Length (if WSP not used) ..... (Fig 11) ..... ___ ft ≥ 0.9W ____

and 2 x 4 Continuous Lateral Brace @ 6 ft. o.c. .. (Fig 11) ..... ____

or 1 x 3 ceiling furring strips @ 16" spacing min. with 2 x 4 blocking @ 4 ft. spacing in end joist or truss bays ____

Double Top Plate

Splice Length ..... (Fig 13 and Table 6) ..... ___ ft ____

Splice Connection (no. of 16d common nails) ..... (Table 6) ..... ___ ____

Massachusetts Checklist for Compliance (780 CMR 5301.2.1.1)[1]

Loadbearing Wall Connections
- Lateral (no. of 16d common nails) ..... (Tables 7) ..... ____ ____

Non-Loadbearing Wall Connections
- Lateral (no. of 16d common nails) ..... (Table 8) ..... ____ ____

Load Bearing Wall Openings (record largest opening but check all openings for compliance to Table 9)
- Header Spans ..... (Table 9) ..... ____ ft ____ in. ≤ 11' ____
- Sill Plate Spans ..... (Table 9) ..... ____ ft ____ in. ≤ 11' ____
- Full Height Studs (no. of studs) ..... (Table 9) ..... ____ ____

Non-Load Bearing Wall Openings (record largest opening but check all openings for compliance to Table 9)
- Header Spans..... ..... (Table 9) ..... ____ ft ____ in. ≤ 12' ____
- Sill Plate Spans..... (Table 9) ..... ____ ft ____ in. ≤ 12" ____
- Full Height Studs (no. of studs) ..... (Table 9) ..... ____ ____

Exterior Wall Sheathing to Resist Uplift and Shear Simultaneously[4]
- Minimum Building Dimension, W
  - Nominal Height of Tallest Opening[2] ..... ____ ≤ 6'8" ____
  - Sheathing Type ..... (note 4) ..... ____ ____
  - Edge Nail Spacing..... (Table 10 or note 4 if less) ..... ____ in. ____
  - Field Nail Spacing ..... (Table 10) ..... ____ in. ____
  - Shear Connection (no. of 16d common nails) (Table 10) ..... ____ ____
  - Percent Full-Height Sheathing ..... (Table 10) ..... ____ % ____
    - 5% Additional Sheathing for Wall with Opening > 6'8" (Design Concepts) ..... ____
- Maximum Building Dimension, L
  - Nominal Height of Tallest Opening[2]..... .... ____ ≤ 6'8" ____
  - Sheathing Type ..... (note 4) ..... ____ ____
  - Edge Nail Spacing..... (Table 11 or note 4 if less) ..... ____ in. ____
  - Field Nail Spacing ..... (Table 11) ..... ____ in. ____
  - Shear Connection (no. of 16d common nails) (Table 11) ..... ____ ____
  - Percent Full-Height Sheathing ..... (Table 11) ..... ____ % ____
    - 5% Additional Sheathing for Wall with Opening > 6'8" (Design Concepts) ..... ____

Wall Cladding
- Rated for Wind Speed? .... ____

5.1 ROOFS

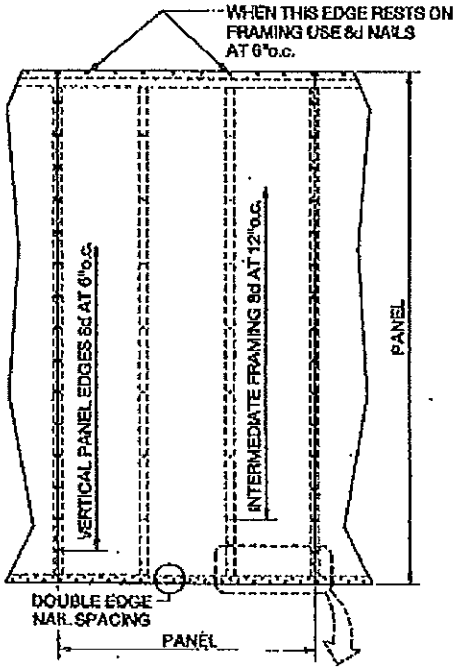
- Roof framing member spans checked? ..... (For Rafters use AWC Span Tool, see BBRS Website) ____
- Roof Overhang ..... (Figure 19) ..... ____ ft ≤ smaller of 2' or L/3 ____
- Truss or Rafter Connections at Loadbearing Walls
  - Proprietary Connectors
    - Uplift..... (Table 12) ..... U=____ plf ____
    - Lateral..... (Table 12) ..... L=____ plf ____
    - Shear ..... (Table 12) ..... S=____ plf ____
- Ridge Strap Connections, if collar ties not used per page 21... (Table 13) ..... T=____ plf ____
- Gable Rake Outlooker ..... (Figure 20) ..... ____ ft ≤ smaller of 2' or L/2 ____
- Truss or Rafter Connections at Non-Loadbearing Walls
  - Proprietary Connectors
    - Uplift..... (Table 14) ..... U=____ lb. ____
    - Lateral (no. of 16d common nails)... (Table 14)..... L =____lb. ____
- Roof Sheathing Type..... (per 780 CMR Chapters 58 and 59) ..... ____
- Roof Sheathing Thickness..... ..... ____ in. ≥ 7/16" WSP ____
- Roof Sheathing Fastening ..... (Table 2) ..... ____ ____

Notes:

1. This checklist shall be met in its entirety, excluding the specific exception noted in 2, to comply with the requirements of 780 CMR 5301.2.1.1 Item 1. If the checklist is met in its entirety then the following metal straps and hold downs are not required per the WFCM 110 mph Guide:
   a. Steel Straps per Figure 5
   b. 20 Gage Straps per Figure 11
   c. Uplift Straps per Figure 14
   d. All Straps per Figure 17
   e. Corner Stud Hold Downs per Figure 18a and Figure 18b
2. Exception: Opening heights of up to 8 ft. shall be permitted when 5% is added to the percent full-height sheathing requirements shown in Tables 10 and 11.
3. The bottom sill plate in exterior walls shall be a minimum 2 in. nominal thickness pressure treated #2-grade.

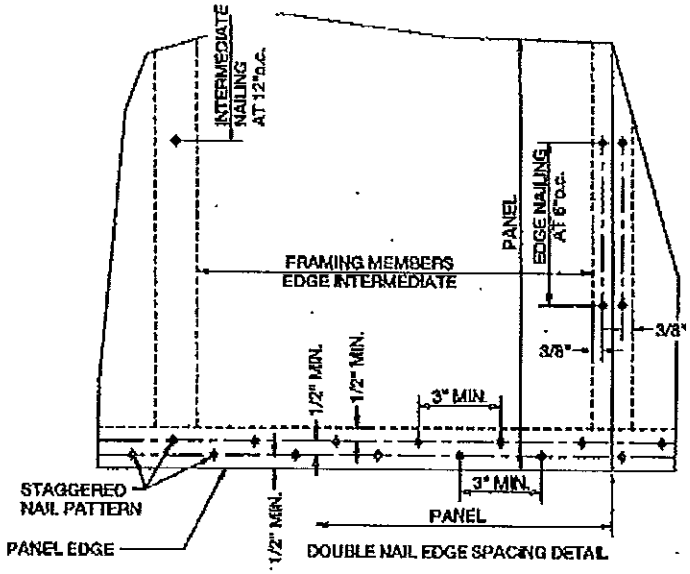
4.

a. From Tables 10 and 11 and location of wall sheathing and Building Aspect Ratio, determine Percent Full-Height Sheathing and Nail Spacing requirements
b. Wood Structural Panels shall be minimum thickness of 7/16" and be installed as follows:
   i. Panels shall be installed with strength axis parallel to studs.
   ii. All horizontal joints shall occur over and be nailed to framing.
   iii. On single story construction, panels shall be attached to bottom plates and top member of the double top plate.
   iv. On two story construction, upper panels shall be attached to the top member of the upper double top plate and to band joist at bottom of panel. Upper attachment of lower panel shall be made to band joist and lower attachment made to lowest plate at first floor framing.
   v. Horizontal nail spacing at double top plates, band joists, and girders shall be a double row of 8d staggered at 3 inches on center per figures below : Vertical and Horizontal Nailing for Panel Attachment



See Detail on Next Page

Vertical and Horizontal Nailing
for Panel Attachment



Detail
Vertical and Horizontal Nailing
for Panel Attachment

Code Review 780 CMR (8th Edition) Code of Massachusetts Regulations

1. List all Use Groups (302.1)_____

2. General Building Limitations (Table 503) Use Group:_____
   Building Height:_____ Building Area:_____
   Provide separate calculations for Exceptions § 504 & 506.

3. Type of Construction (Table 601):_____

4. Mixed Uses:_____Describe Separation Method:_____

5. Building Volume:_____ Is § 107.6 Applicable?_____

6. Fire Separation (Table 601): Walls: LLB _____NLB_____
   List Assembly # and Rating. ( )
   Floor/Ceiling:_____ Exit ways:_____ Stairs:_____
   Roofs:_____ Doors:_____

7. Exterior Walls (Table 705.8): North Elevation:_____
   (provide distance, required rating and assembly #)
   South Elevation:_____West Elevation:_____East Elevation:_____

8. Floor Loading (Table 1606.1): First:_____ Second:_____Other:_____

9. Occupancy Load (1004.1.1): Based on Area:_____Actual:_____

10. Required EXIT Signs (1011):_____ Egress Lighting (1024):_____

11. Is Sprinkler System Required? (903):_____

12. Fire Protective Signaling System (907):_____

13. Automatic Fire Detection Systems (907):_____

14. Is the Building required to be Accessible (521 CMR AAB)?_____

15. Provide Egress Plan with Calculations for path of egress and clear opening of required egress doors, include emergency light and sign locations.

* Meet with building official/local inspector to submit documents.

Initial Construction Control Document

To be submitted with the building permit application by a
Registered Design Professional
for work per the 8th 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 8th 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 [1,6] (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 and analysis		Energy Efficiency Requirements	
Footing and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation[2]	
Concrete Floor and Under Floor		Fire Suppression Installation[3]	
Lowest Floor Flood Elevation		Field Reports[5]	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System[4]	
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			
Means of Egress Componenets		Special Inspections (Section 1704):	
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[a]:

_____

_____

_____

_____

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: _____

Version 06_11_2013

Final Construction Control Document

To be submitted at completion of construction by a

Registered Design Professional

for work per the 8th 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:

[ ] Architectural [ ] Structural [ ] Mechanical
[ ] Fire Protection [ ] Electrical [ ] 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: _____