



# The Commonwealth of Massachusetts

Department of Public Safety  
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  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)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> 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: \_\_\_\_\_

**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) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, 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**

Name (Registrant) _____	Telephone No. _____	e-mail address _____	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) = \$ _____  Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)  Enclose check payable to _____ (contact municipality) and write check number here _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**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 \_\_\_\_\_

## 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.

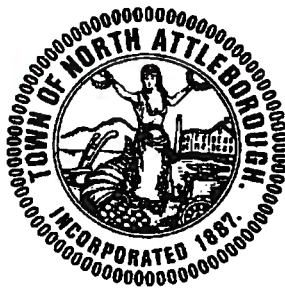
### Checklist for Construction Documents\*

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		



**TOWN OF NORTH ATTLEBOROUGH  
BUILDING DEPARTMENT  
REQUIRED SIGN-OFF  
PRIOR TO ISSUING OF BUILDING PERMIT**

**MUST BE FILLED IN PRIOR TO TAX COLLECTOR STAMP**

Property Address: \_\_\_\_\_  
Plat/Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Permit: \_\_\_\_\_

**Signature**

**Date**

Board of Selectmen: \_\_\_\_\_  
(Common Victualler's License, Class I and Class II)

Assessors Dept: \_\_\_\_\_  
(verify address/new dwellings, commercial)

Planning Board: \_\_\_\_\_

Conservation Commission: \_\_\_\_\_  
Site Visit Required Prior To Construction  Permit Required Prior To Construction  Permit Issued

Zoning Board of Appeals: \_\_\_\_\_


Board of Health: \_\_\_\_\_

Historical Commission: \_\_\_\_\_  
(For Structures 80 Years And Older)

Department of Public Works (49 Whiting St) :  
Water Permit \_\_\_\_\_  
Sewer Permit \_\_\_\_\_  
Highway/curb cut \_\_\_\_\_

North Attleboro Electric Company: \_\_\_\_\_

North Attleboro Fire Department: \_\_\_\_\_

Tax Collector: 

**A final review of the departments listed above has been completed and a building permit can now be issued:**

\_\_\_\_\_  
**Building Inspector**

\_\_\_\_\_  
**Date**



**TOWN OF NORTH ATTLEBOROUGH  
BUILDING DEPARTMENT  
43 So. Washington Street  
North Attleborough, MA 02760  
Phone: 508:699-0110  
Fax: 508-699-0144**

## **DISPOSAL FORM**

**Permit # \_\_\_\_\_**

780 CMR 8<sup>th</sup> Edition., Subsection 105.3.1.2, Other Requirements, 5. Debris Removal . Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

The debris will be disposed of:

Name of Waste Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Signature of Permit Applicant: \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a 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"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <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.  
 † 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 #: \_\_\_\_\_

<b><i>Official use only. Do not write in this area, to be completed by city or town official.</i></b>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (circle one):</b>	
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."

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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 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.

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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) 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.

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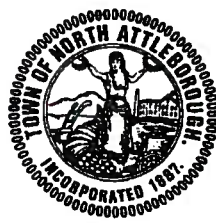
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



## TOWN OF NORTH ATTLEBOROUGH BUILDING DEPARTMENT

43 So. Washington Street, North Attleborough, MA 02760  
Telephone: (508) 699-0110  
Fax: (508) 699-0144

### Office Hours:

Monday -Wednesday 8AM - 4 PM  
Thursday 8AM - 6 PM  
Friday 8AM -12PM

## REQUIREMENTS WHEN APPLYING FOR A COMMERCIAL PERMIT APPLICATION

### Application

1. **Completed building permit application form including Departmental Sign-Offs from the following departments when and if applicable:**
  - Assessors Department
  - Planning Board
  - Conservation Commission
  - Board of Health
  - Zoning Board of Appeals
  - Historical Commission (structures 80 years and older)
  - Department of Public Works; Water Permit, Sewer Permit and Highway/curb cut
  - North Attleboro Electric Company
  - Tax Collector
2. **Four sets of complete drawings: (one to scale)**
  - Architectural Drawings
  - Structural Drawings
  - Mechanical, HVAC, Plumbing/Gas and Electrical Drawings
  - Civil Engineering (site) by Registered Professional's (STAMPED)
3. **"Mascheck" Appendix J – 780 CMR – Energy Code Report signed and dated.**  
Program can be downloaded free from: <http://www.energycodes.gov>
4. **Approved Site Plan reviewed by Planning Board**
5. **CONTROL CONSTRUCTION 780 CMR 116**
  - Building Permit **MUST** include construction control affidavit from Registered Professional Engineer or Architects.
  - All testing and field reports to be copied to the North Attleboro Building Department.

**Prior to obtaining final inspection:** ALL work must have affidavits from engineer or architect and Certificate of Compliance General Contractor of record submitted to the Building Department.  
Permit Fee SHALL be payable to the Town of North Attleboro



**TOWN OF NORTH ATTLEBOROUGH  
BUILDING DEPARTMENT  
43 S. Washington St.  
North Attleborough, MA 02760  
508-699-0110**

**INSPECTION POLICY**

1. The Dwelling site **MUST** be marked with the Street Number or it will **FAIL** an inspection and a \$25.00 re-inspection fee will be charged.
2. Twenty-four (24) hour notice prior to start of construction is required. The inspector has forty-eight (48) hours to inspect.
3. New Construction: post Building Permit card in a zip-lock bag nailed to address board.
4. **ALL PERMITS** (Building, Mechanical, Electrical, Sheet Metal, Trench, Plumbing, & Gas) **MUST** be posted in the dwelling for **ALL** Inspections. (Typically in kitchen window). A copy of the stamped plans is required to be on the property from rough inspection through finals.
5. The following information needs to be given when requesting an inspection: (called in **ONLY** by the applicant applying for the permit).
  - a. Permit Number
  - b. Address of Property
  - c. Owner of Property
  - d. Type of Inspection
  - e. Contractor's name & phone #
6. Re-inspection fee: Failed and/or Additional inspections will be a \$25.00 fee
7. **The following inspections are required:**
  - a. **Excavation:** prior to installation of any stone, engineered fill or form work
  - b. **Footing and Foundation:** all wall ties removed and holes filled with hydraulic cement, foundations shall be waterproofed from top of footing to finish grade.
  - c. **Pier Footing:** for decks, additions, sheds etc. shall require open hole inspection (prior to concrete placement) \*Sheds over 400 sq.ft.
  - d. **Fireplace:** all fireplaces require throat and smoke chamber inspection, request inspection at setting of first flue tile. Requires a service (cleaning) prior to inspection. (Masons; plan accordingly). (Installation manual @ site)
  - e. **Rough Electric** (Must be called in by Electrician unless homeowner is doing the work)  
**Note: Please be sure that all other electrical permits have been inspected (example: burglar alarm and low voltage)**
  - f. **Rough Plumbing/Gas** (Must be called in by Plumber)
  - g. **Rough Mechanical & Sheet Metal** (will be done at the same time as the rough frame (plan accordingly)
  - h. **Rough Frame:**
    - All holes and penetrations in the building envelope must be foamed and or fire stopped @ top & bottom plates.
    - Guard rails/handrails (when applicable) Riser (when applicable) Attic pull-down (insulated & pull chain on light)
    - All rafter venting baffles stapled in place.
    - Insulate behind electrical boxes.
    - **Exterior siding 100% complete.**

Over >

## **Inspection Policy Cont.**

(Rough Electric, Plumbing and Gas must be signed off prior to calling in for a rough building inspection)

- i. **Insulation**
- j. **Final Electric**
- k. **Final Plumbing/Gas**
- l. **Final Mechanical & Sheet Metal** (will be done at the same time as the final building-should be up and running-plan accordingly)
  
- m. **Final Fire Department Inspection:** Coordinated through (NAFD) (508) 699-0140.  
Smoke Detectors, Carbon Monoxide Alarm and Oil Burners Inspection is a Separate Fee paid to the NAFD. (Including Additions and Basement Remodels)
  
- n. **Final Building:** Required ***Prior*** to inspection:
  - 1) *Final As-Built*
  - 2) *Final Affidavit (on letterhead) from Contractor on record.*
  - 3) *Final Affidavit from Architect on record.*
  - 4) *Certificate of Insulation @ electrical box.*
  - 5) *Need installation manual for appliances.*

**Note:** When requesting a Certificate of Occupancy, bring the original Building card with all the sign-off signatures and your Certificate of Compliance (septic only) receipt from the Board of Health with you to the Building Department. We will call you when it is ready to be picked up.

Certificate of Occupancy fee must be paid (if applicable) \$100.00

### **\*\*\*Final Building Inspection – Mandatory for All Projects\*\*\***

**Note:** Failure to obtain a final inspection (for all projects) will be brought to the attention of the BBRs' license review board.

**Final As-Built is required prior to final inspection & Certificate of Occupancy being issued.**

### **As-Built MUST include the following (at 40' = 1"Scale)**

- Address
- Accurate footprint of all structures including decks (set-backs of all structures)
- Elevation of T.O.F. (top of foundation)
- Elevation of garage floor
- All underground utilities (water, sewer, electric telephone cable, etc.); If overhead, note on plan overhead electric
- All easements and rights of ways
- Any retaining walls over 4' in height of unbalanced fill.
- Driveway
- Septic system and well location
- Wetlands
- Topography to show run off



# IECC®

## INTERNATIONAL ENERGY CONSERVATION CODE®

**TABLE 402.4.2  
AIR BARRIER AND INSULATION INSPECTION COMPONENT CRITERIA**

COMPONENT	CRITERIA
Air barrier and thermal barrier	Exterior thermal envelope insulation for framed walls is installed in substantial contact and continuous alignment with building envelope air barrier. Breaks or joints in the air barrier are filled or repaired. Air-permeable insulation is not used as a sealing material. Air-permeable insulation is inside of an air barrier.
Ceiling/attic	Air barrier in any dropped ceiling/soffit is substantially aligned with insulation and any gaps are sealed. Attic access (except unvented attic), knee wall door, or drop down stair is sealed.
Walls	Corners and headers are insulated. Junction of foundation and sill plate is sealed.
Windows and doors	Space between window/door jambs and framing is sealed.
Rim joists	Rim joists are insulated and include an air barrier.
Floors (including above-garage and cantilevered floors)	Insulation is installed to maintain permanent contact with underside of subfloor decking. Air barrier is installed at any exposed edge of insulation.
Crawl space walls	Insulation is permanently attached to walls. Exposed earth in unvented crawl spaces is covered with Class I vapor retarder with overlapping joints taped.
Shafts, penetrations	Duct shafts, utility penetrations, knee walls and flue shafts opening to exterior or unconditioned space are sealed.
Narrow cavities	Batts in narrow cavities are cut to fit, or narrow cavities are filled by sprayed/blown insulation.
Garage separation	Air sealing is provided between the garage and conditioned spaces.
Recessed lighting	Recessed light fixtures are air tight, IC rated, and sealed to drywall. Exception—fixtures in conditioned space.
Plumbing and wiring	Insulation is placed between outside and pipes. Batt insulation is cut to fit around wiring and plumbing, or sprayed/blown insulation extends behind piping and wiring.
Shower/tub on exterior wall	Showers and tubs on exterior walls have insulation and an air barrier separating them from the exterior wall.
Electrical/phone box on exterior walls	Air barrier extends behind boxes or air sealed-type boxes are installed.
Common wall	Air barrier is installed in common wall between dwelling units.
HVAC register boots	HVAC register boots that penetrate building envelope are sealed to subfloor or drywall.
Fireplace	Fireplace walls include an air barrier.