

| <b>Construction Checklist</b><br>Single- & Two Family Dwellings   |      |   |
|---|------|---|
| <p>If required by the building official, this form shall be submitted at the completion of the work, prior to the issuance of a certificate of occupancy or completion, by the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable, the municipal and/or state building official in verification that, to the best of his/her knowledge, the work has been executed in accordance with the provisions of the applicable state building code (code) and reference standards. The date shall indicate the date on which the responsible party viewed the building activity to ensure compliance with the code and/or reference standards. This date may or may not correspond to the date on which the activity was inspected for compliance by the municipal and/or state building official.</p> |      |   |
| Activity  | Date | Note any deficiencies that were discovered (if any) and corrective action taken to ensure compliance with the code and/or reference standards |
| <b>Foundation</b>   |      |   |
| a. Location/excavation <sup>1</sup>   |      |   |
| b. Preparation of bearing soil  |      |   |
| c. Placement of forms/reinforcing   |      |   |
| d. Placement of Concrete  |      |   |
| e. Setting weather protection methods   |      |   |
| f. Installation of water/dampproofing   |      |   |
| g. Placement of backfill  |      |   |
| <b>Structural Frame<sup>2</sup></b>   |      |   |
| a. Floor  |      |   |
| b. Walls  |      |   |
| c. Roof/ceilings  |      |   |
| d. Masonry or other structural system   |      |   |
| <b>Energy Conservation</b>  |      |   |
| a. Insulation/vapor and air infiltration barriers   |      |   |
| b. NFRC rated window  |      |   |
| c. HVAC equipment with proper efficiencies  |      |   |
| <b>Fire Protection</b>  |      |   |
| a. Smoke  |      |   |
| b. Heat   |      |   |
| c. Carbon Monoxide  |      |   |
| d. Other  |      |   |
| <b>Special Construction</b>   |      |   |
| a. Chimneys   |      |   |
| b. Retaining Walls  |      |   |
| c. Other <sup>3</sup>   |      |   |
| <p>1. If encountered in excavating for foundation placement, the responsible party shall report the presence of groundwater to the building official and shall submit a report detailing methods of remediation.</p> <p>2. Frame shall include the installation of all joists, trusses and other structural members and sheathing materials to verify size, species and grad, spacing and attachment methods. The responsible party shall ensure that any cutting or notching of structural members is performed in accordance with the requirements of this code.</p> <p>3. The building official may require the responsible party to be present on site at other points during the construction, reconstruction, alteration, removal or demolition work as he/she deems appropriate.</p>   |      |   |



780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS  
THE MASSACHUSETTS STATE BUILDING CODE

|  |          |   |                            |   |          |
|--|----------|---|----------------------------|---|----------|
| <b>The Commonwealth of Massachusetts<br/>State Board of Building Regulations and Standards<br/>Massachusetts State Building Code<br/>For One- and Two-family Dwellings</b> |          | FOR MUNICIPALITY USE  |                            |   |          |
| APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING  |          |   |                            |   |          |
| <b>This Section For Official Use Only</b>  |          |   |                            |   |          |
| Building Permit Number: _____  |          | Date Issued: _____  |                            |   |          |
| Signature: _____<br>Building Commissioner/ Inspector of Buildings  |          | Date: _____   |                            |   |          |
| <b>SECTION 1 - SITE INFORMATION</b>  |          |   |                            |   |          |
| <b>1.1 Property Address:</b><br>_____<br>_____   |          | <b>1.2 Assessors Map &amp; Parcel Number:</b><br>_____<br>_____<br>Map Number _____ Parcel Number _____ |                            |   |          |
| <b>1.3 Zoning Information:</b><br>_____<br>Zoning District _____ Proposed Use _____  |          | <b>1.4 Property Dimensions:</b><br>_____<br>Lot Area (sf) _____ Frontage (ft) _____                     |                            |   |          |
| <b>1.5 Building Setbacks (ft)</b>  |          |   |                            |   |          |
| Front Yard   |          | Side Yards  |                            | Rear Yard   |          |
| Required   | Provided | Required  | Provided                   | Required  | Provided |
|  |          | /   | /                          |   |          |
| <b>1.6 Water Supply (M.G.L. c. 40, § 54)</b><br>Public <input type="checkbox"/> Private <input type="checkbox"/>   |          | <b>1.7 Flood Zone Information:</b><br>Zone: _____ Outside Flood Zone <input type="checkbox"/>           |                            | <b>1.8 Sewage Disposal System:</b><br>Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/> |          |
| <b>SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT</b>  |          |   |                            |   |          |
| <b>2.1 Owner of Record:</b>  |          |   |                            |   |          |
| Name (Print) _____   |          |   | Address for Service: _____ |   |          |
| Signature _____  |          |   | Telephone _____            |   |          |
| <b>2.2 Authorized Agent:</b>   |          |   |                            |   |          |
| Name (Print) _____   |          |   | Address for Service: _____ |   |          |
| Signature _____  |          |   | Telephone _____            |   |          |
| <b>SECTION 3 - CONSTRUCTION SERVICES</b>   |          |   |                            |   |          |
| <b>3.1 Licensed Construction Supervisor:</b>   |          |   |                            | Not Applicable <input type="checkbox"/>   |          |
| Licensed Construction Supervisor: _____  |          |   |                            | License Number _____  |          |
| Address _____  |          |   |                            | Expiration Date _____   |          |
| Signature _____ Telephone _____  |          |   |                            |   |          |
| <b>3.2 Registered Home Improvement Contractor:</b>   |          |   |                            | Not Applicable <input type="checkbox"/>   |          |
| Company Name _____   |          |   |                            | Registration Number _____   |          |
| Address _____  |          |   |                            | Expiration Date _____   |          |
| Signature _____ Telephone _____  |          |   |                            |   |          |