



TOWN OF NATICK – BUILDING DEPARTMENT

13 East Central Street

Natick, MA 01760

Phone: (508) 647-6450

Fax: (508) 647-6444

COMMERCIAL BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

At the time of submittal, *in addition to a fully completed Building Permit Application Form*, the following items must also be provided:

COMMERCIAL PERMITS:

- Control Documents signed and stamped by each discipline which will be performing construction at the work site (i.e. - Architectural, Structural, Mechanical, Electrical, Fire Alarm, Fire Protection Systems, Landscaping, etc.)
- Fire Protection Narrative
- 1 (One) Set of Stamped and Signed Building Plans *plus* 1 (One) set on disk/thumb drive
- Workers Compensation Insurance Affidavit
- Solid Waste Disposal Affidavit
- International Existing Building Code Section 104.2.1.1 Building Evaluation Review as per 780 CMR 34 if the building is undergoing any of the following: Renovation, Addition, or, Change in Use or Occupancy.
(The existing building must be investigated and reviewed by a registered design professional in accordance with the 2009 International Existing Building Code).
- Energy Efficiency Compliance Report (ComCheck) (the project must be in compliance with Stretch Code requirements).

Notice: All Commercial Projects within the HIGHEAY MIXED USE ZONE (Rt. 9 Corridor)-

- Any new construction, exterior renovations, signage, parking, lighting and landscaping shall be sent to the Planning Board for Site Plan Review and approval.

Certificate of Occupancy Requirements:

- Final Control Documents signed and stamped by each discipline which performed construction at the work site (i.e. - Architectural, Structural, Mechanical, Electrical, Fire Alarm, Fire Protection Systems, Landscaping, etc.)
- Final Inspections and sign-offs from:
 - Building
 - Fire Dept
 - Plumbing
 - Health Dept
 - Wiring
 - Assessor
- As-built set of plans on disk
- Final Cost of Construction Affidavit

**Any Permit Application Submittals which are incomplete
will not be accepted by this office.**

Information and Instructions

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

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

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

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

Applicants

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

City or Town Officials

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

The Department's address, telephone and fax number:

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

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

Fax # 617-727-7749

www.mass.gov/dia



TOWN OF NATICK

13 East Central Street, Natick, MA 01760
Pursuant to Massachusetts State Building Code (780 CMR) Eighth Edition

Commercial Building Permit Application

Building Department Hours:
8am-5pm Mon, Tues & Wed
8am-7pm Thursday
8am-12:30pm Friday
Phone: 508-647-6450
Fax: 508-647-6444

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____
Assessors Map # _____ Block # and/or Lot # _____

SECTION 2: PROPOSED WORK

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

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

Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work: _____

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): _____

Existing Hazard Index: _____ Proposed Hazard Index: _____

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 Description:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 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 <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

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 apply for and 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)

10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

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

Table with 2 columns: Item, Estimated Costs (Labor and Materials). Rows include Building, Electrical, Plumbing, Mechanical (HVAC), Mechanical (Other), and Total Cost. Includes 'OFFICIAL USE ONLY' section with formulas for Building Construction Cost, Building Permit Fee, and Date Paid.

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 E-mail Address

Appendix 1

DEMOLITION OF STRUCTURES

Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities stating their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

_____ / _____ / _____
 No. and Street City/Town Zip Map Lot Zone

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"/>
Pest Abatement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release Obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Appendix 2

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)			

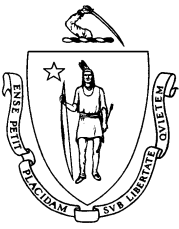
*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having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

Work started prior to approval will be subject to triple the original permit fee.

Registered Professional Contact Information

<hr/> Name (Registrant)	<hr/> Telephone No.	<hr/> E-mail address	<hr/> Registration Number
<hr/> Street Address	<hr/> City/Town	<hr/> State	<hr/> Zip
<hr/> Name (Registrant)	<hr/> Telephone No.	<hr/> E-mail address	<hr/> Registration Number
<hr/> Street Address	<hr/> City/Town	<hr/> State	<hr/> Zip
<hr/> Name (Registrant)	<hr/> Telephone No.	<hr/> E-mail address	<hr/> Registration Number
<hr/> Street Address	<hr/> City/Town	<hr/> State	<hr/> Zip

Town of Natick
Building Department
13 East Central Street, Natick, MA 01760
Phone: 508-647-6450
Fax: 508-647-6444
www.natickma.gov/156/Building-Department



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 8th Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: _____ Date: _____

Property Address: _____ Building Permit No.: _____

Required Inspections to be performed by the Building Official ^{1,6}			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System ²	
Concrete Slab/Under Floor		Carbon Monoxide System ⁴	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump ³	
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 Componentes		Final inspection	
Required Site Review and Documentation for Portions or Phases of Construction ^{1,6,7} (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 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	
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 Componentes		Other Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

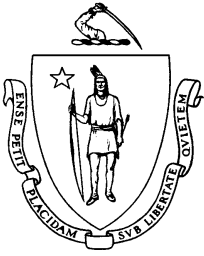
1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and 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: _____



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 Components		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.

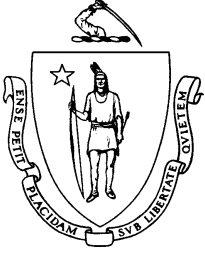
Description of Construction Work Observed^a:

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: _____



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: _____

TOWN OF NATICK - OFFICE OF THE INSPECTOR OF BUILDINGS
13 East Central Street
Natick, MA 01760
Ph: (508) 647-6450 Fax: (508) 647-6444

ESTIMATED COST OF CONSTRUCTION DOCUMENT

In accordance with the provisions of the Massachusetts State Building Code, Eight Edition, Section 105.3, the total estimated cost of the construction including all related construction costs* of the building located at: _____

Estimated Cost Amounts to \$ _____ Date: _____

Final Cost Amounts to \$ _____ Date: _____

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

*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including; Demolition, H.V.A.C, Plumbing, Electrical, Fire Protection, Painting, Carpeting, Landscaping and Site Improvements.

Furnishings and portable equipment are not part of the total construction costs; however, a separate fixturing permit must be obtained prior to commencement work/

Signature of Owner: _____

DEBRIS AFFIDAVIT

JOB SITE LOCATION: _____

In accordance with the provisions of MGL c40, §54, a condition of Building Permit Number _____ is that debris from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111,2 §150A.

Name and Location of Facility: _____

Signature of Owner: _____

Date: _____

TOWN OF NATICK
BUILDING DEPARTMENT

ENERGY CONSERVATION APPLICATION FORM
STRETCH ENERGY CODE

(780 CMR Appendix AA & IECC 2009)

COMPLIANCE FOR ONE & TWO-FAMILY RESIDENTIAL CONSTRUCTION

Applicant Name: _____ Job Address: _____

Applicant Signature: _____ Date of Application: _____

Please check appropriate box:

- New Construction** - 401.2 (1 & 2 family dwellings) requires a HERS index rating as verified by a RSNET certified HERS rater: Name & Reg. # of HERS rater: _____
- a. units \geq 3000 sq ft of conditioned space, a HERS rating of 65 or less is required
 - b. units $<$ 3000 sq ft of conditioned space, a HERS rating of 70 or less is required
 - c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

Additions (circle option #1 or option #2):

- 1. Prescriptive Option (401.3) shall conform to IECC 2009 Chapter 4 and demonstrate compliance with:
 - a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist
 - b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights
 - c. Ducts sealed and tested with leakage \leq 4 cfm per 100 sq ft of conditioned floor area
 - d. Indicate insulation R-Values and fenestration U-Factors below:
R-Values - Wall: _____ Ceiling: _____ Floor: _____ Slab: _____ Bsmnt Wall: _____
U-Factors - Windows: _____ Doors: _____ Skylights: _____
- 2. Performance Option (401.4):
& Reg. # of HERS rater: _____
 - a. units \geq 3000 sq ft of conditioned space, a HERS rating of 65 or less is required
 - b. units $<$ 3000 sq ft of conditioned space, a HERS rating of 70 or less is required
 - c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

Alterations, Renovation or Repairs (circle option #1 or option #2):

- 1. Prescriptive Option (401.5) shall conform to IECC 2009 Chapter 4 and demonstrate compliance with:
 - a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist
 - b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights
 - c. Ducts sealed and tested with leakage \leq 4 cfm per 100 sq ft of conditioned floor area
 - d. Indicate insulation R-Values and fenestration U-Factors below:
R-Values - Wall: _____ Ceiling: _____ Floor: _____ Slab: _____ Bsmnt Wall: _____
U-Factors - Windows: _____ Doors: _____ Skylights: _____
- 2. Performance Option (401.6):
Name & Reg. # of HERS rater: _____
 - a. units \geq 2000 sq ft of conditioned space, a HERS rating of 80 or less is required
 - b. units $<$ 2000 sq ft of conditioned space, a HERS rating of 85 or less is required
 - c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

Residential Windows, Doors & Skylights – Energy Star Fenestration U-Factor Requirements

(see reverse side)

of Windows _____

U-Factor(s) _____

of Doors _____

U-Factor(s) _____

of Skylights _____

U-Factor(s) _____

Note: Please leave manufacturers stickers on windows for inspection verification.

***** PLEASE SEE REVERSE SIDE FOR MANDATORY IECC 2009 REQUIREMENTS *****

2015 IECC MANDATORY REQUIREMENTS

- 401.3 Certificate – Posted on or near Elec Panel and list R&U values- equip efficiency
- 402.4 Air Leakage – Building Thermal Envelope sealed to limit infiltration
- 402.4.3 Fireplace – shall have gasketed doors and outdoor combustion air
- 402.5 Maximum U Value
- 403.1 Systems Control - One programmable thermostat for forced air system
- 403.2.2 Duct Sealing – all ducts shall be sealed
- 403.2.3 Building Cavities – framing cavities shall not be used as supply ducts
- 403.3 Mechanical System Piping Insulation – minimum insulation of R-3
- 403.4 Circulating Hot Water System – minimum insulation of R-2
- 403.5 Mechanical Ventilation – intake & exhaust shall have automatic or gravity dampers
- 403.6 Equipment Sizing – in accordance with ACCA manual S per M1401.3 of IRC
- 403.7 Systems Serving Multiple Dwelling Units – see sections 503 & 504 of IECC 2009
- 403.8 Snowmelt Systems Controls – provide automatic or manual shutoff controls
- 404.1 Lighting Equipment – min of 50% of lighting fixtures shall be high-efficacy lamps

TABLE 402.1.1 – CLIMATE ZONE 5 ONLY INSULATION REQUIREMENT BY COMPONENT^a

Climate Zone	Ceiling R-Value	Wood Frame-Wall R-Value	Mass Wall R-Value ⁱ	Floor R-Value	Basement ^c Wall R-Value	Slab ^d R-Value & Depth	Crawl Space ^c Wall R-Value
5 (MA)	38	20 or 13+5 ^h	13/17	30 ^g	10/13	10, 2 ft	10/13

Footnotes (Modified for Climate Zone 5 only):

- a. R-values are minimums. U-factors are maximums. R-19 batts compressed into a nominal 2 x6 framing cavity such that the R-value is reduced by R-1 or more shall be marked with the compressed batt R-value in addition to full thickness R-value.
- b. “10/13” means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- c. R-5 shall be added to the required slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- d. Or insulation sufficient to fill the framing cavity, R-19 minimum.
- e. “13+5” means R-13 cavity insulation plus R-5 insulated sheathing. If structural covers 25 percent or less of the exterior, insulating sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25 percent of exterior, structural sheathing shall be supplemented with insulated sheathing of at least R-2.
- f. The second R-value applies when more than half the insulation is on the interior of the mass wall.

ENERGY STAR FENESTRATION U-FACTOR REQUIREMENTS FOR RESIDENTIAL DOORS, WINDOWS & SKYLIGHTS

WINDOWS		DOORS			SKYLIGHTS	
U-Factor	SHGC ^a	Glazing Lvl	U-Factor	SHGC ^a	U-Factor	SHGC ^a
≤ 0.30	any	Opaque	≤ 0.21	No rating	≤ 0.55	any
= 0.31	≥ 0.35	≤ ½ lite	≤ 0.27	≤ 0.30		
= 0.32	≥ 0.40	> ½ lite	≤ 0.32	≤ 0.30		

a. SHGC – Solar Heat Gain Coefficient



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

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

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

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

Type of project (required):

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

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

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

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

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

Insurance Company Name: _____

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

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

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

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

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

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____