



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition  
 Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
 MUNICIPALITY  
 USE  
 Revised January  
 1, 2008

This Section For Official Use Only

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

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:** \_\_\_\_\_  
 1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

**1.2 Assessors Map & Parcel Numbers**  
 Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.3 Zoning Information:**  
 Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

**1.4 Property Dimensions:**  
 Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**1.6 Water Supply:** (M.G.L c. 40, §54)  
 Public  Private

**1.7 Flood Zone Information:**  
 Zone: \_\_\_\_\_ Outside Flood Zone?  
 Check if yes

**1.8 Sewage Disposal System:**  
 Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
<b>6. Total Project Cost:</b>	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

<p><b>5.1 Licensed Construction Supervisor (CSL)</b></p> <p>_____</p> <p>Name of CSL- Holder _____</p> <p>Address _____</p> <p>Signature _____</p> <p>Telephone _____</p>	<p>License Number _____ Expiration Date _____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (up to 35,000 Cu. Ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry Only	RC	Residential Roofing Covering	WS	Residential Window and Siding	SF	Residential Solid Fuel Burning Appliance Installation	D	Residential Demolition
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<p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name _____</p> <p>Address _____</p> <p>Signature _____ Telephone _____</p>	<p>_____</p> <p>Registration Number _____</p> <p>_____</p> <p>Expiration Date _____</p>
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**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

Workers Compensation Insurance affidavit 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.

Signed Affidavit Attached?    Yes .....             No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

\_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

\_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____
3. "Total Project Square Footage" may be substituted for "Total Project Cost"

**TOWN OF MIDDLETON/BUILDING DEPARTMENT**  
**HOMEOWNER LICENSE EXEMPTION FORM**

*Definition of Homeowner:*

Person(s) who owns a parcel of land *on which* he/she resides or intends to reside, on which there is, or is intended to be, a one to six-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit.

**NOTE:**

**Homeowners should also be aware that under the Home Improvement Contractor Law of 1992 (MGL ch. 142A) that if the homeowner applies for the building permit, he or she may NOT be eligible for compensation from the Guaranty Fund should a disagreement develop between the homeowner and the contractor.**

Homeowner (Please print)	Project Address
Mailing Address (If different from above)	City/Town
Home Phone Number	Alternate Phone Number

The undersigned, “homeowner”, assumes responsibility for compliance “with the State Building Code and other applicable codes, by-laws, rules and regulations.”

The undersigned, “homeowner”, certifies Middleton Building Department minimum inspection procedures & requirements and that he/she will comply with said procedures and requirements.

The undersigned, “homeowner”, agrees and understands that **ANY** work requiring a Building Permit that is done on a structure 35,000 cubic feet or larger, will be required to comply with the Massachusetts State Building Code Section 116 - Construction Control. The degree and nature of the Architectural Control required for state compliance will be determined by the Building Commissioner and based on the work to be done.

Homeowner’s Signature:	Date:
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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 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 their workers' comp. policy information.

**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 #: \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____

**TOWN OF MIDDLETON**

**DEBRIS DISPOSAL AFFIDAVIT**

**It is prohibited to dispose of any Construction Debris  
at the Town of Middleton's Transfer Station.**

In accordance with the provisions of MGL C40, S54, a condition of your Building Permit is that the debris resulting from this work **shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, S150A.**

Address of Construction site: \_\_\_\_\_

**Disposal Firm:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Debris will be disposed of at: \_\_\_\_\_

Name of Solid Waste Facility

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

**\*\*\*All Debris to be disposed of at a licensed facility\*\*\***

Signature of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**PROCEDURE FOR FORM "B" APPROVALS  
MIDDLETON BOARD OF HEALTH  
MIDDLETON, MA**

1. Applicant for a building permit will present the Form "B" Lot Release Form to the Health Agent for signature. The Lot Release Form must be accompanied by a set of building drawings and/or a building floor plan.
2. The Health Agent will review the project file to determine whether Board of Health (BOH) approval for the Subsurface Disposal System has been granted (the number of rooms and number of bedrooms should be clearly indicated on all approved design drawings).
3. The Health Agent will review the building drawings for conformance with the approved Subsurface Disposal System. Acceptable building plans will be stamped approved and/or signed by the Health Agent.
4. The Health Agent will then sign the Form "B" Lot Release Form.

The following items will be required for all projects prior to signature of Form "B" Lot Release Form:

- 1) Approved Subsurface Disposal System Design.
- 2) Building Plans/Floor Plan.
- 3) Proof of recording of any deed restrictions at the Registry of Deeds.

**FORM "B" – LOT RELEASE FORM**

Instructions: This form is used to verify that all necessary approvals/permits from Boards & Departments having jurisdiction have been obtained. This does not relieve the applicant and/or landowner from compliance with any applicable local or state law, regulation or requirement.

\*\*\*\*\**Applicant fills out this section*\*\*\*\*\*

*Applicant* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Assessors Map Number* \_\_\_\_\_ *Parcel* \_\_\_\_\_ *Lot* \_\_\_\_\_

*Subdivision* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\*\*\*\*\**Official Use Only*\*\*\*\*\*

\_\_\_\_\_  
Conservation Administrator

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Health Department

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Public Works

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Accepted by Building Inspector

\_\_\_\_\_  
Date Approved



# MIDDLETON HEALTH DEPARTMENT

## FORM B APPENDIX: BEDROOM / HABITABLE ROOM CALCULATION SHEET

Property Location: \_\_\_\_\_

In order for the Health Department to signoff on your building permit, **this form must be completed** in order to assess if your subsurface sewage disposal system (a.k.a: Septic System) is sized appropriately for the number of bedrooms / habitable rooms. According to Title V, design flows of your septic system are based on the number of bedrooms/habitable rooms according to the total number of rooms (not just bedrooms); however, not including bathrooms, hallways, unfinished cellars, 3-season porches, and unheated storage areas.

Please check off the number of existing and proposed rooms below and the Health Department will calculate the number of habitable rooms with a formula that will determine if your septic system is sized accordingly to the number of rooms.

PLEASE NOTE THAT IF WE CALCULATE THE NUMBER OF ROOMS TO BE OVER THE DESIGN FLOW, THIS DOES NOT WARRANT AN UPGRADE OF YOUR SYSTEM, ALTHOUGH THAT IS AN OPTION YOU CAN CHOOSE; HOWEVER, A DEED RESTRICTION CAN BE EXECUTED LIMITING YOUR DWELLING TO THE NUMBER OF BEDROOMS THAT YOUR SYSTEM WAS DESIGNED FOR (THIS IS VERY EASY TO ACCOMPLISH).

**ANY PROPOSED INCREASE IN THE NUMBER OF BEDROOMS ABOVE THE ORIGINAL DESIGN FLOW REQUIRES AN UPGRADE OF THE SEPTIC SYSTEM. MAJOR ADDITION OF ROOMS (NOT BEDROOMS), MAY REQUIRE AN OFFICIAL TITLE V INSPECTION.**

Indicate the number of rooms that will include the rooms you plan to build within your building permit.

TYPES OF ROOMS: (Not limited to)	#	TYPES OF ROOMS con't: (Not limited to)	#
BEDROOMS		WORKOUT ROOMS	
KITCHENS		RENTAL/ACCESSORY APARTMENT	
LIVING ROOMS		BASEMENT ROOM (other than listed previously)	
FAMILY ROOMS			
DINING ROOMS		<b>OTHER ROOMS (not listed):</b>	
OFFICES			
PLAYROOMS			
RECREATION ROOMS			

**Signature required: I certify the information listed above is accurate to the best of my knowledge**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----Official Use Only Under this Line-----

Design Flow (GPD) \_\_\_\_\_ System Upgrade or Deed Restriction Required Yes / No

Design Flow Middleton Bedroom Equivalency \_\_\_\_\_ Title V Inspection Required Yes / No

Habitable Room Calculation \_\_\_\_\_



# Town of Middleton

## Office of the Inspector of Buildings

195 North Main Street  
Middleton, Massachusetts 01949  
978-777-2850  
FAX 978-774-0718  
[www.townofmiddleton.org](http://www.townofmiddleton.org)

THIS FORM MUST BE BROUGHT FOR SIGN-OFFS TO:

TREASURER/TAX COLLECTIONS OFFICE, 48 SOUTH MAIN STREET

MIDDLETON ELECTRIC LIGHT, 197 NORTH MAIN STREET

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

TO: Inspectional Services

FROM: Town Treasurer, M.E.L.D.

RE: Confirmation that all taxes and electric utilities are current

As requested, please be advised of the tax status of the property listed below:

Property Owner: \_\_\_\_\_

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

### OFFICE USE ONLY

\_\_\_\_\_ Taxes are current on the property.

\_\_\_\_\_ Excise Tax on this customer is current.

\_\_\_\_\_ Electric is current on this property.

Other:

\_\_\_\_\_



**Contracts - all contracts over \$1,000 (One Thousand Dollars) must be in writing.**

The law requires the following FOURTEEN items to be included in any contract between a homeowner and a registered home improvement contractor for home improvement work subject to MGL c. 142A:

1. The complete agreement between the contractor and the owner and a clear description of any other documents which are part of the agreement.
2. The full names, federal I.D. number (if applicable), addresses (NOT P.O. Box numbers), of the parties, the contractor's registration number, the name(s) of the salesperson(s) involved, if any and the date the contract was executed by the parties.
3. The date on which the work is scheduled to begin and the date the work is scheduled to be substantially completed.
4. A detailed description of the work to be done and the materials to be used.
5. The total amount agreed to be paid for the work to be performed under the contract.
6. A time schedule of payments to be made under the contract and the amount of each payment stated in dollars, including any finance charges. Any deposit required to be paid in advance of the start of the work SHALL NOT exceed one-third of the total contract price or the actual cost of any material or equipment of a special order or custom made nature, which must be ordered in advance of the start of the work to assure that the project will proceed on schedule. No final payment shall be demanded until the contract is completed to the satisfaction of all parties.
7. All parties must sign the contract.
8. A clear and conspicuous notice stating:
  - a. That all home improvement contractors and subcontractors shall be registered and that any inquiries about a contractor or subcontractor relating to a registration should be directed to:

**Office of Consumer Affairs and Business Regulation**

**Ten Park Plaza, Suite 5170**

**Boston, MA 02116**

**Phone: (617) 973-8700**

- b. The contractor's registration number must be on the first page of the contract.
- c. The homeowner's three day cancellation rights under MGL c 93 s 48; MGL c 140D s 10 or MGL c 255D s 14 as may be applicable.
- d. All warranties on the owner's rights under the provisions of and MGL c. 142A.
- e. In ten point bold type or larger, directly above the space provided for the signature, the following statement:

**DO NOT SIGN THIS CONTRACT IF THERE ARE ANY BLANK SPACES.**

- f. Whether any lien or security interest is on the residence as a consequence of the contract.
- 9. An enumeration of such other matters upon which the owner and contractor may lawfully agree.
- 10. Any other provisions otherwise required by the applicable laws of the Commonwealth.
- 11. Permit Notice: Every contract shall contain a clause informing the owner of the following:
  - a. any and all necessary construction-related permits;
  - b. that it shall be the obligation of the contractor to obtain such permits.
  - c. that owners who secure their own construction-related permits or deal with unregistered contractors shall be excluded from access to the Guarantee Fund.
- 12. Acceleration of payment: No contract shall contain an acceleration clause under which any part or all of the balance not yet due may be declared due and payable because the holder deems himself to be insecure. However, where the contractor deems himself to be insecure he may require as a prerequisite to continuing said work that the balance of funds due under the contract, which are in possession of the owner, shall be placed in a joint escrow account requiring the signatures of the home improvement contractor and the owner for withdrawal.
- 13. No work shall begin prior to the signing of the contract and transmittal to the owner of a copy of such contract.
- 14. Arbitration: If the contractor determines that in the event of a dispute, the contractor wishes the dispute to be settled by arbitration, this fact must be signified on the contract and both the contractor and owner shall sign this clause separately. The following format is acceptable (in 10 point type or larger);

***"The contractor and the homeowner hereby mutually agree in advance that in the event that the contractor has a dispute concerning this contract, the contractor may submit such dispute to a private arbitration service which has been approved by the Office of Consumer Affairs and Business Regulation and the consumer shall be required to submit to such arbitration as provided in MGL c 142A.***

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

***NOTICE: The signatures of the parties above apply only to the agreement of the parties to alternate dispute resolution initiated by the contractor. The owner may initiate alternative dispute resolution even where this section is not signed separately by the parties.***

# TOWN OF MIDDLETON REQUIRED PROGRESS INSPECTIONS

Call (978) 777-2850

It is the responsibility of the owner/applicant to ensure that their contractors call for the required inspections as outlined below. Failure to comply with the inspection schedule may result in fines, dismantling completed work and/or formal enforcement action by this department.

**\*\*\*NO WORK SHALL COMMENCE UNTIL THE REQUIRED PERMIT(S) HAVE BEEN OBTAINED\*\*\***

## FILING AN APPLICATION DOES NOT CONSTITUTE OBTAINING A PERMIT

24 hours notice is required for all inspections. After notification, an inspector has 48 hours to make the inspection. All work to be inspected shall be completed *prior* to calling for inspection. If inspector goes to site and work is incomplete, a **\$40.00** re-inspection fee will be applied.

- A.) EXCAVATION (before footing):** After hole or sono tube is completely excavated, but *before* any concrete is placed. All forms must be removed.
- B.) FOOTINGS (before forming foundation walls):** Footing required minimum 2" x 3" keyways. After footings are placed and *stripped*, before the foundation walls are placed.
- C.) FOUNDATION:** After walls are stripped and drainage and damp-proofing/water-proofing is complete prior to backfill. (A foundation as-built is required for the full permit to be issued prior to framing construction.)
- D.) EXTERIOR SHEATHING NAILING**
- E.) ROUGH ELECTRICAL WIRING**
- F.) ROUGH SMOKE DETECTORS BY FIRE DEPARTMENT** (Should be scheduled in conjunction with rough wiring inspection, if possible)
- G.) MECHANICAL SYSTEMS/DUCTWORK**
- H.) ROUGH PLUMBING & GAS PIPING**
- I.) ROUGH FRAME (Rough covering):** *After* frame is completed and *after* approvals from the Electrical Inspector & Gas Inspector.
- J.) CHIMNEYS Masonry:** When the throat & smoke shelf are complete, before the area is made accessible.  
*Metal & Pre-Fab Chimneys & Fireplaces:* After installation, prior to concealing chimney & components.
- K.) INSULATION**
- L.) SHEETROCK SCREWS OR NAILING**
- M.) FINAL ELECTRICAL**
- N.) FINAL PLUMBING & GAS PIPING**
- O.) FINAL SMOKE DETECTORS BY FIRE DEPARTMENT**
- P.) FINAL BUILDING/CERTIFICATE OF OCCUPANCY:**

The Building Inspector will inspect after final inspections have been completed by the Electrical, Plumbing & Gas Inspectors, the Fire Department, Health Department (and any other required inspections). All of the required inspectors/departments (**including the Town Clerk and Assessor**) shall have signed off at the appropriate area on the building permit before a Certificate of Occupancy shall be issued.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date