



**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**

Route 150 # Sunny Avenue, Amherst MA 01913 Block # 31 The Gateway  
 No. and Street City/Town Zip Code Name of Building (if applicable)  
 Map 99 Parcel 4  
 Assessors Map # Block # and/or Lot #

**SECTION 2: PROPOSED WORK**

Edition of MA State Code used 8th 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 2)  
 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: CONSTRUCT A MULTI-FAMILY (APLIX) WOOD FRAMED HOUSE ON A Poured CONCRETE FOUNDATION WITH A TRD CAR GARAGE.

**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): MULTI-FAMILY

**SECTION 4: BUILDING HEIGHT AND AREA**

|  | Existing | Proposed      |
|--|----------|---------------|
| No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.) |          | 3             |
| Total Area (sq. ft.) and Total Height (ft.)                                |          | 2,025 sq. 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  Private   
 Flood Zone Information: Check if outside Flood Zone  or identify Zone: \_\_\_\_\_  
 Sewage Disposal: Indicate municipal  or on site system   
 Trench Permit: A trench will not be required  or trench permit is enclosed   
 Debris Removal: Licensed Disposal Site  or specify: \_\_\_\_\_

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: \_\_\_\_\_  
 Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_  
 Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

| SECTION 9: PROPERTY OWNER AUTHORIZATION   |  |  |                                    |                      |                            |                |
|---|--|--|------------------------------------|----------------------|----------------------------|----------------|
| Name and Address of Property Owner  |  |  |                                    |                      |                            |                |
| <u>Town of Amherst</u>  |  | <u>Amherst, MA</u>   |                                    | <u>01913</u>         |                            |                |
| 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 1)   |  |  |                                    |                      |                            |                |
| If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here <input type="checkbox"/> .<br>Otherwise provide construction control forms (see section 107 in the code) as required.               |  |  |                                    |                      |                            |                |
| 10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)   |  |  |                                    |                      |                            |                |
| Name (Registrant)   |  |  | Telephone No.                      |                      | e-mail address             |                |
| Street Address  |  |  | City/Town                          |                      | State Zip                  |                |
|   |  |  |                                    |                      | Registration Number        |                |
|   |  |  |                                    |                      | Discipline Expiration Date |                |
| 10.2 General Contractor   |  |  |                                    |                      |                            |                |
| <u>FRE BUILDING Co, Inc.</u>  |  |  |                                    |                      |                            |                |
| Company Name  |  |  |                                    |                      |                            |                |
| <u>MIKE HARRINGTON</u>  |  |  | <u>CS75811 / TYPE U</u>            |                      |                            |                |
| Name of Person Responsible for Construction   |  |  | License No. and Type if Applicable |                      |                            |                |
| <u>120 QUARRY DRIVE</u>   |  |  | <u>MILFORD</u>                     |                      | <u>MA 01757</u>            |                |
| Street Address  |  |  | City/Town                          |                      | State Zip                  |                |
| <u>508-881-1600</u>   |  |  |                                    |                      |                            |                |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |  |                                    |                      |                            |                |
| SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE   |  |  |                                    |                      |                            |                |
| Item  | Estimated Costs: (Labor and Materials)   | Total Construction Cost (from Item 6) = \$ _____   |                                    |                      |                            |                |
| 1. Building   | \$ <u>151,875</u>                        | Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.<br><br>Note: Minimum fee = \$ _____ (contact municipality)<br><br>Enclose check payable to _____ (contact municipality) and write check number here _____ |                                    |                      |                            |                |
| 2. Electrical   | \$ <u>7,594</u>                          |  |                                    |                      |                            |                |
| 3. Plumbing   | \$ <u>10,631</u>                         |  |                                    |                      |                            |                |
| 4. Mechanical (HVAC)  | \$ <u>13,669</u>                         |  |                                    |                      |                            |                |
| 5. Mechanical (Other)   | \$ <u>1,000</u>                          |  |                                    |                      |                            |                |
| 6. Total Cost   | \$ <u>184,769</u><br>( <u>CPG 0107</u> ) |  |                                    |                      |                            |                |
| 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.                                     |  |  |                                    |                      |                            |                |
| <u>MIKE HARRINGTON</u>  |  |  | <u>MA 01757</u>                    |                      | <u>508-881-1600</u>        |                |
| Please print and sign name  |  |  | Title                              |                      | Telephone No. Date         |                |
| <u>120 QUARRY DRIVE</u>   |  |  | <u>MILFORD</u>                     |                      | <u>MA 01757</u>            |                |
| Street Address  |  |  | City/Town                          |                      | State Zip                  |                |
|   |  |  |                                    |                      | Email Address              |                |
| Municipal Inspector to fill out this section upon application approval: _____   |  |  |                                    |                      |                            |                |
|   |  |  |                                    |                      | Name Date                  |                |

### Appendix 1

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. 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                                 | X                         |            |              |
| 2   | Foundation                                    | X                         |            |              |
| 3   | Structural                                    | X                         |            |              |
| 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                | X                         |            |              |
| 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.

#### Registered Professional Contact Information

|  |                                      |                         |   |
|--|--------------------------------------|-------------------------|---|
| <u>Philippe Tibault</u><br>Name (Registrant) | <u>978-867-2699</u><br>Telephone No. | _____<br>e-mail address | <u>No. 9622</u><br>Registration Number    |
| <u>45 Peabody Ave</u><br>Street Address      | <u>Dracone</u><br>City/Town          | <u>MA</u><br>State      | <u>REGISTERED ARCHITECT</u><br>Discipline |
| _____<br>Name (Registrant)                   | _____<br>Telephone No.               | _____<br>e-mail address | _____<br>Registration Number              |
| _____<br>Street Address                      | _____<br>City/Town                   | _____<br>State          | _____<br>Discipline                       |
| _____<br>Name (Registrant)                   | _____<br>Telephone No.               | _____<br>e-mail address | _____<br>Registration Number              |
| _____<br>Street Address                      | _____<br>City/Town                   | _____<br>State          | _____<br>Discipline                       |
| _____<br>Name (Registrant)                   | _____<br>Telephone No.               | _____<br>e-mail address | _____<br>Registration Number              |
| _____<br>Street Address                      | _____<br>City/Town                   | _____<br>State          | _____<br>Discipline                       |

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

## Appendix 2

(For total demolition only)

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

|                |            |     |                                  |
|----------------|------------|-----|----------------------------------|
| No. and Street | City /Town | Zip | Name of Building (if applicable) |
|----------------|------------|-----|----------------------------------|

|                 |                      |
|-----------------|----------------------|
| Assessors Map # | Block # and/or Lot # |
|-----------------|----------------------|

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) |  | Other (if applicable)                   |  |
| _____                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |  |



# REScheck Software Version 4.5.0 Compliance Certificate

Project Building 31

Energy Code: **2012 IECC**  
 Location: **Amesbury, Massachusetts**  
 Construction Type: **Multi-family**  
 Project Type: **New Construction**  
 Conditioned Floor Area: **7,590 ft<sup>2</sup>**  
 Glazing Area: **23%**  
 Climate Zone: **5**  
 Permit Date:  
 Permit Number:

Construction Site:  
 Village at Bailey's Pond  
 Amesbury, MA

Owner/Agent:  
 FRE Building Co., Inc  
 120 Quarry Drive  
 Milford, MA 01757  
 508-881-1600

Designer/Contractor:  
 Philippe Thibault  
 Philippe Thibault Architect  
 45 Peabody Ave  
 Dracut, MA 01826-4812  
 978-455-3072  
 philippethibaultarchitect@comcast.net

## Compliance: Passes using UA trade-off

Compliance: **4.0% Better Than Code** Maximum UA: **871** Your UA: **836**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules. It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

## Envelope Assemblies

| Assembly   | Gross Area or Perimeter | Cavity R-Value | Cont. R-Value | Glazing or Door U-Factor | UA  |
|--|-------------------------|----------------|---------------|--------------------------|-----|
| Ceiling: Flat Ceiling or Scissor Truss               | 3,770                   | 49.0           | 0.0           | 0.026                    | 97  |
| Skylights: Vinyl Frame:Double Pane with Low-E        | 32                      |                |               | 0.600                    | 19  |
| Front: Wood Frame, 24" o.c.                          | 1,112                   | 21.0           | 0.0           | 0.056                    | 46  |
| Windows: Vinyl Frame:Double Pane with Low-E          | 177                     |                |               | 0.310                    | 55  |
| Doors: Glass   | 114                     |                |               | 0.340                    | 39  |
| Side: Wood Frame, 24" o.c.                           | 1,550                   | 21.0           | 0.0           | 0.056                    | 68  |
| Windows: Vinyl Frame:Double Pane with Low-E          | 333                     |                |               | 0.310                    | 103 |
| Side: Wood Frame, 24" o.c.                           | 1,550                   | 21.0           | 0.0           | 0.056                    | 68  |
| Windows: Vinyl Frame:Double Pane with Low-E          | 333                     |                |               | 0.310                    | 103 |
| Rear: Wood Frame, 24" o.c.                           | 1,112                   | 21.0           | 0.0           | 0.056                    | 46  |
| Windows: Vinyl Frame:Double Pane with Low-E          | 177                     |                |               | 0.310                    | 55  |
| Doors: Glass   | 114                     |                |               | 0.340                    | 39  |
| Floor: All-Wood Joist/Truss:Over Unconditioned Space | 3,770                   | 38.0           | 0.0           | 0.026                    | 98  |

*Compliance Statement:* The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2012 IECC requirements in REScheck Version 4.5.0 and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

PHILIPPE TAIBAVLT  
Name - Title

  
Signature

02 DEC 2014  
Date



# Inspection Checklist

Energy Code: 2012 IECC

Requirements: 100.0% were addressed directly in the REScheck software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.

| Section # & Req.ID                     | Pre-Inspection/Plan Review   | Plans Verified Value                           | Field Verified Value                           | Complies?  | Comments/Assumptions     |
|--|--|--|--|--|--------------------------|
| 103.1, 103.2 [PR1] <sup>1</sup>        | Construction drawings and documentation demonstrate energy code compliance for the building envelope.  |  |  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met. |
| 103.1, 103.2, 403.7 [PR3] <sup>1</sup> | Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the IECC Commercial Provisions. |  |  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met. |
| 302.1, 403.6 [PR2] <sup>2</sup>        | Heating and cooling equipment is sized per ACCA Manual S based on loads calculated per ACCA Manual J or other methods approved by the code official.   | Heating: Btu/hr _____<br>Cooling: Btu/hr _____ | Heating: Btu/hr _____<br>Cooling: Btu/hr _____ | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met. |

**Additional Comments/Assumptions:**

|                        |                          |                       |
|------------------------|--------------------------|-----------------------|
| 1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3) |
|------------------------|--------------------------|-----------------------|

| 2012 IECC   | Foundation Inspection   | Complies?  | Comments/Assumptions                             |
|---|---|--|--|
| 303.2.1<br>[FO11] <sup>2</sup><br> | A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade. | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.8<br>[FO12] <sup>2</sup><br>   | Snow- and ice-melting system controls installed.  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |

**Additional Comments/Assumptions:**

| Section # & Req.ID   | Framing / Rough-In Inspection   | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions                             |
|--|---|----------------------|----------------------|--|--|
| 402.1.1, 402.3.1, 402.3.3, 402.3.6, 402.5 [FR2] <sup>1</sup> | Glazing U-factor (area-weighted average).   | U-_____              | U-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values.    |
| 303.1.3 [FR4] <sup>1</sup>                                   | U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.1.1, 402.3.3, 402.3.6, 402.5 [FR5] <sup>1</sup>          | Skylight U-factor.  | U-_____              | U-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values.    |
| 402.4.1.1 [FR23] <sup>1</sup>                                | Air barrier and thermal barrier installed per manufacturer's instructions.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.4.3 [FR20] <sup>1</sup>                                  | Fenestration that is not site built is listed and labeled as meeting AAMA /WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits. |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.4.4 [FR16] <sup>2</sup>                                  | IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.2.1 [FR12] <sup>1</sup>                                  | Supply ducts in attics are insulated to ≥R-8. All other ducts in unconditioned spaces or outside the building envelope are insulated to ≥R-6.                             | R-_____<br>R-_____   | R-_____<br>R-_____   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.2.2 [FR13] <sup>1</sup>                                  | All joints and seams of air ducts, air handlers, and filter boxes are sealed.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.2.3 [FR15] <sup>3</sup>                                  | Building cavities are not used as ducts or plenums.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.3 [FR17] <sup>2</sup>                                    | HVAC piping conveying fluids above 105 °F or chilled fluids below 55 °F are insulated to ≥R-3.  | R-_____              | R-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.3.1 [FR24] <sup>2</sup>                                  | Protection of insulation on HVAC piping.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.4.2 [FR18] <sup>2</sup>                                  | Hot water pipes are insulated to ≥R-3.  | R-_____              | R-_____              | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)

| Section # & Req.ID   | Framing / Rough-In Inspection   | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions     |
|--|---|----------------------|----------------------|--|--------------------------|
| 403.5 [FR19] <sup>2</sup><br> | Automatic or gravity dampers are installed on all outdoor air intakes and exhausts. |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met. |

**Additional Comments/Assumptions:**

|                        |                          |                       |
|------------------------|--------------------------|-----------------------|
| 1 High Impact (Tier 1) | 2 Medium Impact (Tier 2) | 3 Low Impact (Tier 3) |
|------------------------|--------------------------|-----------------------|

| Section # & Req.ID   | Insulation Inspection  | Plans Verified Value  | Field Verified Value  | Complies?  | Comments/Assumptions                          |
|--|--|---|---|--|---|
| 303.1<br>[IN13] <sup>2</sup><br>                          | All installed insulation is labeled or the installed R-values provided.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                      |
| 402.1.1,<br>402.2.6<br>[IN1] <sup>1</sup><br>             | Floor insulation R-value.  | R-_____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel                                  | R-_____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel                                  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.2,<br>402.2.7<br>[IN2] <sup>1</sup><br>               | Floor insulation installed per manufacturer's instructions, and in substantial contact with the underside of the subfloor.                                       |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                      |
| 402.1.1,<br>402.2.5,<br>402.2.6<br>[IN3] <sup>1</sup><br> | Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies (FR10). | R-_____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Mass<br><input type="checkbox"/> Steel | R-_____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Mass<br><input type="checkbox"/> Steel | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values. |
| 303.2<br>[IN4] <sup>1</sup><br>                           | Wall insulation is installed per manufacturer's instructions.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                      |

**Additional Comments/Assumptions:**

|   |                      |   |                        |   |                     |
|---|----------------------|---|------------------------|---|---------------------|
| 1 | High Impact (Tier 1) | 2 | Medium Impact (Tier 2) | 3 | Low Impact (Tier 3) |
|---|----------------------|---|------------------------|---|---------------------|

| Section # & Req.ID                                    | Final Inspection Provisions   | Plans Verified Value  | Field Verified Value  | Complies?  | Comments/Assumptions                             |
|---|---|---|---|--|--|
| 402.1.1, 402.2.1, 402.2.2, 402.2.6 [F11] <sup>1</sup> | Ceiling insulation R-value.   | R-____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel | R-____<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | See the Envelope Assemblies table for values.    |
| 303.1.1.1, 303.2 [F12] <sup>1</sup>                   | Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft <sup>2</sup> .   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.2.3 [F122] <sup>2</sup>                           | Vented attics with air permeable insulation include baffle adjacent to soffit and eave vents that extends over insulation.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.2.4 [F13] <sup>1</sup>                            | Attic access hatch and door insulation ≥R-value of the adjacent assembly.   | R-____  | R-____  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.4.1.2 [F117] <sup>1</sup>                         | Blower door test @ 50 Pa. ≤5 ach in Climate Zones 1-2, and ≤3 ach in Climate Zones 3-8.   | ACH 50 = ____   | ACH 50 = ____   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 402.4.2 [F18] <sup>2</sup>                            | Wood-burning fireplaces have tight fitting flue dampers and outdoor air for combustion.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.2.2 [F14] <sup>1</sup>                            | Duct tightness test result of ≤4 cfm/100 ft <sup>2</sup> across the system or ≤3 cfm/100 ft <sup>2</sup> without air handler @ 25 Pa. For rough-in tests, verification may need to occur during Framing Inspection. | ____ cfm/100 ft <sup>2</sup>  | ____ cfm/100 ft <sup>2</sup>  | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.2.2.1 [F124] <sup>1</sup>                         | Air handler leakage designated by manufacturer at ≤2% of design air flow.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.1.1 [F19] <sup>2</sup>                            | Programmable thermostats installed on forced air furnaces.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 403.1.2 [F110] <sup>2</sup>                           | Heat pump thermostat installed on heat pumps.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.4.1 [F111] <sup>2</sup>                           | Circulating service hot water systems have automatic or accessible manual controls.   |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.5.1 [F125] <sup>2</sup>                           | All mechanical ventilation system fans not part of tested and listed HVAC equipment meet efficacy and air flow limits.  |   |   | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)

| Section # & Req.ID  | Final Inspection Provisions   | Plans Verified Value | Field Verified Value | Complies?  | Comments/Assumptions                             |
|---|---|----------------------|----------------------|--|--|
| 403.9.1<br>[FI12] <sup>3</sup><br> | Readily accessible switch on heaters for swimming pools or permanent in-ground spas.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.9.2<br>[FI19] <sup>3</sup><br> | Timer switches on heaters and pumps serving pools and permanent spas.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 403.9.3<br>[FI20] <sup>3</sup><br> | Heated pools and permanent spas have a vapor retardant cover.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | <b>Exception:</b> Requirement is not applicable. |
| 404.1<br>[FI6] <sup>1</sup><br>    | 75% of lamps in permanent fixtures or 75% of permanent fixtures have high efficacy lamps. Does not apply to low-voltage lighting. |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 404.1.1<br>[FI23] <sup>3</sup>  | Fuel gas lighting systems have no continuous pilot light.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 401.3<br>[FI7] <sup>2</sup><br>    | Compliance certificate posted.  |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |
| 303.3<br>[FI18] <sup>3</sup><br> | Manufacturer manuals for mechanical and water heating systems have been provided.   |                      |                      | <input type="checkbox"/> Complies<br><input type="checkbox"/> Does Not<br><input type="checkbox"/> Not Observable<br><input type="checkbox"/> Not Applicable | Requirement will be met.                         |

**Additional Comments/Assumptions:**

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)



# 2012 IECC Energy Efficiency Certificate

| Insulation Rating | R-Value |
|-------------------|---------|
|-------------------|---------|

|                                  |       |
|----------------------------------|-------|
| Wall                             | 21.00 |
| Floor                            | 38.00 |
| Ceiling / Roof                   | 49.00 |
| Ductwork (unconditioned spaces): | _____ |

| Glass & Door Rating | U-Factor | SHGC |
|---------------------|----------|------|
|---------------------|----------|------|

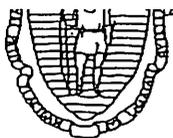
|          |      |  |
|----------|------|--|
| Window   | 0.31 |  |
| Door     | 0.34 |  |
| Skylight | 0.60 |  |

| Heating & Cooling Equipment | Efficiency |
|-----------------------------|------------|
|-----------------------------|------------|

|                       |       |
|-----------------------|-------|
| Heating System: _____ | _____ |
| Cooling System: _____ | _____ |
| Water Heater: _____   | _____ |

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

Comments



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): FRE Building Co., Inc.

Address: 120 Quarry Drive

City/State/Zip: Milford, MA 01757 Phone #: 508-881-1600

Are you an employer? Check the appropriate box:

- 1.  I am a employer with 35 employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.]
- 4.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have workers' comp. insurance.
- 5.  We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 6.  New construction
- 7.  Remodeling
- 8.  Demolition
- 9.  Building addition
- 10.  Electrical repairs or additions
- 11.  Plumbing repairs or additions
- 12.  Roof repairs
- 13.  Other \_\_\_\_\_

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

Policy # or Self-ins. Lic. #: WC5690477 Expiration Date: 11/1/2015

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

### Applicants

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

### City or Town Officials

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

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

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
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)



Massachusetts - Department of Public Safety  
Board of Building Regulations and Standards.

Construction Supervisor

License: **CS-075811**



**MICHAEL E HARRINGTON**  
30 ALGONQUIN RD  
CHELMSFORD MA 01824



*Thomas D. Bligh*

Commissioner

Expiration  
**09/28/2015**