

780 CMR Appendix B

Appendix B contains the following information and documentation;

Appendix B-1

A) Sample Uniform Building Permit Application Form for One and Two Family Dwellings and Accessory Buildings. This application form is not mandated by 780 CMR, however, the information requested on the form is the minimum information required to satisfy 780 CMR 110.4.

B) Sample Uniform Building Permit Application Form for Any Building Other than One and Two Family Dwellings and Accessory Buildings. This application form is not mandated by 780 CMR, however, the information requested on the form is the minimum information required to satisfy the requirements of 780 CMR 110.4.

Appendix B-2

Application Forms required to file an appeal with the State Building Code Appeals Board in accordance with 780 CMR 122.0.

Appendix B-3

Official Interpretations of the Building Code issued by the BBRS under authority of M.G.L. c 143, § 94(e). These interpretations have been made over the period since the promulgation of the first Edition of 780 CMR on January 1, 1975. Interpretations are identified by number, in order of interpretation, followed by the year of the interpretation. The edition of 780 under which the interpretation was made is indicated for each *Official Interpretation*.

APPENDIX B-1

SAMPLE BUILDING PERMIT APPLICATION FORMS


The following sample building permit application forms have been developed to simplify the building permit application process for the applicant and provide the building department with sufficient detail, in a standardized and concise form. Wherever possible the forms utilize a check off process for ease of use.

The sample application forms also reference certain Massachusetts General Laws which impact the issuance of the building permit.

The primary objective in the development of these application forms is to promote standardization throughout the Commonwealth. Standardization will benefit both the building permit applicant and the building department.

The sample application forms are not mandatory, but their use is strongly suggested. The information contained on the sample application forms, however, is the minimum required to be contained on a building permit application consistent with 780 CMR 110.4.

- Application forms have been developed for;
- One and two family dwellings and accessory buildings thereto and;
 - All other buildings and structures.

 <div>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</div>	FOR MUNICIPALITY USE
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING	

This Section For Official Use Only	
Building Permit Number: _____	Date Issued: _____
Signature: _____	
_____ Building Commissioner/Inspector of Buildings	_____ Date

SECTION 1 - SITE INFORMATION																			
1.1 Property Address: _____ _____ _____ _____	1.2 Assessors Map & Parcel Number: _____ _____ Map Number _____ Parcel Number _____																		
1.3 Zoning Information: _____ Zoning District _____ Proposed Use _____	1.4 Property Dimensions: _____ _____ Lot Area (sf) _____ Frontage (ft) _____																		
1.5 Building Setbacks (ft)																			
<table><tr><th colspan="2">Front Yard</th><th colspan="2">Side Yards</th><th colspan="2">Rear Yard</th></tr><tr><td>Required</td><td>Provided</td><td>Required</td><td>Provided</td><td>Required</td><td>Provided</td></tr><tr><td></td><td></td><td>/</td><td>/</td><td></td><td></td></tr></table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided			/	/		
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
		/	/																
1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>																	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT	
2.1 Owner of Record: _____ _____ Name (Print) _____ Address for Service: _____ _____ _____ Signature _____ Telephone _____	
2.2 Authorized Agent: _____ _____ Name (Print) _____ Address for Service: _____ _____ _____ Signature _____ Telephone _____	

SECTION 3 - CONSTRUCTION SERVICES	
3.1 Licensed Construction Supervisor: _____ _____ Licensed Construction Supervisor: _____ _____ _____ Address _____	Not Applicable <input type="checkbox"/> _____ License Number _____ _____ Expiration Date _____

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THE MASSACHUSETTS STATE BUILDING CODE

<div>Signature</div>	<div>Telephone</div>	
<div>3.2 Registered Home Improvement Contractor:</div>		<div>Not Applicable <input type="checkbox"/></div>
<div>Company Name</div>		<div>Registration Number</div>
<div>Address</div>		<div>Expiration Date</div>
<div>Signature</div>	<div>Telephone</div>	

SECTION 4 - 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 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction

Accessory Bldg.

Existing Building

Demolition

Repair(s)

Other Specify:

Alteration(s)

Addition

Brief Description of Proposed Work:

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

SECTION 7a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS 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/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.


Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner/Agent _____ Date _____

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 <div>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</div>	FOR MUNICIPALITY USE
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING	

This Section For Official Use Only	
Building Permit Number: _____	Date Issued: _____
Signature: _____	
_____	_____
Building Commissioner/Inspector of Buildings	Date

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____ _____ _____ _____	1.2 Assessors Map & Parcel Number: _____ _____ Map Number _____ Parcel Number _____																		
1.3 Zoning Information: _____ _____ Zoning District _____ Proposed Use _____	1.4 Property Dimensions: _____ _____ Lot Area (sf) _____ Frontage (ft) _____																		
1.5 Building Setbacks (ft)																			
<table><tr><td colspan="2">Front Yard</td><td colspan="2">Side Yards</td><td colspan="2">Rear Yard</td></tr><tr><td>Required</td><td>Provided</td><td>Required</td><td>Provided</td><td>Required</td><td>Provided</td></tr><tr><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr></table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided						
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>																	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record: _____ Name (Print) _____ Address: _____ _____ Signature _____ Telephone _____	2.2 Authorized Agent: _____ Name (Print) _____ Address: _____ _____ Signature _____ Telephone _____
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SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor: _____ Licensed Construction Supervisor: _____ _____ Address _____ _____	Not Applicable <input type="checkbox"/> _____ License Number _____ _____ Expiration Date _____
---	--

Signature	Telephone	
3.2 Registered Home Improvement Contractor:		Not Applicable <input type="checkbox"/>
<hr/>		<hr/>
Company Name		Registration Number
<hr/>		<hr/>
Address		Expiration Date
<hr/>		
Signature	Telephone	

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SECTION 4 - 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..... <input type="checkbox"/> No..... <input type="checkbox"/>	

SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)	
5.1 Registered Architect:	
<div><div></div><div>Name (Registrant):</div><div></div><div>Address</div><div></div><div>Signature<div>Telephone</div></div></div>	<div>Not Applicable <input type="checkbox"/></div> <div></div> <div>Registration Number</div> <div></div> <div>Expiration Date</div>
5.2 Registered Professional Engineer(s):	
<div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature<div>Telephone</div></div></div>	<div></div> <div>Area of Responsibility</div> <div></div> <div>Registration Number</div> <div></div> <div>Expiration Date</div>
<div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature<div>Telephone</div></div></div>	<div></div> <div>Area of Responsibility</div> <div></div> <div>Registration Number</div> <div></div> <div>Expiration Date</div>
<div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature<div>Telephone</div></div></div>	<div></div> <div>Area of Responsibility</div> <div></div> <div>Registration Number</div> <div></div> <div>Expiration Date</div>
<div><div></div><div>Name</div><div></div><div>Address</div><div></div><div>Signature<div>Telephone</div></div></div>	<div></div> <div>Area of Responsibility</div> <div></div> <div>Registration Number</div> <div></div> <div>Expiration Date</div>
5.3 General Contractor	
<div><div></div><div>Company Name:</div><div></div></div>	<div>Not Applicable <input type="checkbox"/></div>

<div>_____</div> <div>Responsible In Charge of Construction</div> <div>_____</div> <div>_____</div> <div>Address</div> <div>_____</div> <div>_____</div> <div>Signature</div>	
<div>_____</div> <div>Telephone</div>	

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SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)		
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/> Alteration(s) <input type="checkbox"/> Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____ _____
Brief Description of Proposed Work: _____ _____ _____ _____ _____ _____		

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE							
USE GROUP (Check as applicable)						CONSTRUCTION TYPE	
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>		1A	<input type="checkbox"/>
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>			1B	<input type="checkbox"/>
B Business	<input type="checkbox"/>					2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>					2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>					3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>		3B	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>					4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		5A	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____					
M Mixed Use	<input type="checkbox"/>	Specify: _____					
S Special Use	<input type="checkbox"/>	Specify: _____					
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE							
Existing Use Group: _____				Proposed Use Group: _____			
Existing Hazard Index 780 CMR 34): _____				Proposed Hazard Index 780 CMR 34): _____			

SECTION 8 BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Structural Peer Review Required Yes..... <input type="checkbox"/> No..... <input type="checkbox"/>		

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS 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

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SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

Date

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4+ 5)		Check Number	

Appendix B-2

State Building Code Appeals Board Filing Instructions and Application Forms



The Commonwealth of Massachusetts

Executive Office of Public Safety

State Board of Building Regulations and Standards

McCormack State Office Building

One Ashburton Place - Room 1301

Boston, Massachusetts 02108

WILLIAM F. WELD
Governor

KATHLEEN M. O'TOOLE
Secretary

TEL: (617) 727-3200 FAX: (617) 227-1754

KENTARO TSUTSUMI
Chairman

THOMAS L. ROGERS
Administrator

STATE BUILDING CODE APPEALS BOARD - FILING INSTRUCTIONS

Note: Appeals are held pursuant to 801 CMR 1.02 Informal/Fair Hearing Rules

The procedure outlined below must be followed when filing a Building Code Appeal:

1. The appellant must be in receipt of a letter of denial from the local Building Official as required under 780 CMR 111.1 of the State Building Code. An appeal must be filed within 45 days of the date of the letter of denial. An appeal may be filed either with the local **Building Code Appeals Board**, if one has been established, or directly with the State Building Code Appeals Board.

2. Two documents are required to be completed by the appellant or his/her representative - the **Appeal Application Form** (2 pages) and the **Service Notice** (1 page).

The **Service Notice**, which gives notice to the building official that an appeal is being filed, should include the date appearing on the appeal form and the name and address of the Building Official under the section "PERSON/AGENCY SERVED". The **Method of Service** should list one of the following procedures as set forth in Section 121.2.1 of the State Building Code.

- A. Personally; or
- B. Registered or Certified Mail, return receipt requested; or
- C. By any person authorized to serve civil process.

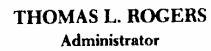
The **Date of Service** is the date when a copy of the appeal is delivered or mailed to the Building Official or other party entitled.

The **Service Notice** must be signed by the appellant or his/her representative and the signature must be notarized.

The **Appeal Application Form** (2 pages) must be completed in total. The application will be reviewed for completeness prior to a hearing being scheduled. Applications determined to be incomplete will be returned to the applicant for correction. Questions relating to completing the application should be directed to your local building department or this office.

3. One complete copy of the appeal filing, including the original of the **Service Notice**, must be delivered to the Building Official or the official entitled. Four complete copies of the appeal filing, including the original plus three copies of the **Appeal Application** form, four copies of the **Service Notice** and four copies of the letter of denial, together with a check for **\$150.00** (filing fee) payable to the Commonwealth of Massachusetts must be filed with this office, if the appeal is made directly to the State Building Code Appeals Board. (Filing fee requirements for filings before a local Building Code Appeals Board may differ from the fees prescribed for submission to the State Building Code Appeals Board).

ALL CASES WILL BE HEARD ON THE SCHEDULED DATE
POSTPONEMENTS WILL NOT BE GRANTED.



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THE MASSACHUSETTS STATE BUILDING CODE

SIGNATURE OF APPELLANT/REPRESENTATIVE

(NAME - PLEASE PRINT)

DESCRIPTION OF BUILDING OR STRUCTURE RELATIVE TO THE MASSACHUSETTS STATE BUILDING CODE (780 CMR 6th EDITION): (Check as appropriate)

Check Here if Building is a One or Two Family Dwelling ☐ Proceed to section entitled “Description of the Proposed Work” - Do not complete the tables below

DESCRIPTION OF PROPOSED WORK (check all applicable)			
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Addition <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____ _____			
Description of Proposed Work: _____ _____ _____ _____ _____ _____			

USE GROUP AND CONSTRUCTION TYPE									
USE GROUP (Check as applicable)						CONSTRUCTION TYPE			
A Assembly	<input type="checkbox"/>	A-1	<input type="checkbox"/>	A-2	<input type="checkbox"/>	A-3	<input type="checkbox"/>	1A	<input type="checkbox"/>
		A-4	<input type="checkbox"/>	A-5	<input type="checkbox"/>			1B	<input type="checkbox"/>
B Business	<input type="checkbox"/>							2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>							2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1	<input type="checkbox"/>	F-2	<input type="checkbox"/>			2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>							3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1	<input type="checkbox"/>	I-2	<input type="checkbox"/>	I-3	<input type="checkbox"/>	3B	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>							4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>	R-3	<input type="checkbox"/>	5A	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1	<input type="checkbox"/>	S-2	<input type="checkbox"/>			5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____ —							
M Mixed Use	<input type="checkbox"/>	Specify: _____ —							
S Special Use	<input type="checkbox"/>	Specify: _____ _____							
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE									
Existing Use Group: _____					Proposed Use Group: _____				
Existing Hazard Index (780 CMR 34): _____					Proposed Hazard Index (780 CMR 34): _____				

BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		

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Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

Description of the Proposed Work:



The Commonwealth of Massachusetts

Executive Office of Public Safety

State Board of Building Regulations and Standards

McCormack State Office Building

One Ashburton Place - Room 1301

Boston, Massachusetts 02108

WILLIAM F. WELD
Governor

KATHLEEN M. O'TOOLE
Secretary

TEL: (617) 727-3200 FAX: (617) 227-1754

KENTARO TSUTSUMI
Chairman

THOMAS L. ROGERS
Administrator

STATE BUILDING CODE APPEALS BOARD - SERVICE NOTICE

I, _____, as _____ for the
Appellant/Petitioner _____ in an appeal filed with the
State Building Code Appeals Board on _____, 19____

HEREBY SWEAR UNDER THE PAINS AND PENALTIES OF PERJURY THAT IN ACCORDANCE
WITH THE PROCEDURES ADOPTED BY THE STATE BOARD OF BUILDING REGULATIONS AND
STANDARDS AND SECTION 122.3.1 OF THE STATE BUILDING CODE, I SERVED OR CAUSED TO
BE SERVED, A COPY OF THIS APPEAL APPLICATION ON THE FOLLOWING PERSON(S) IN THE
FOLLOWING MANNER:

NAME AND ADDRESS OF PERSON/AGENCY SERVED	METHOD OF SERVICE	DATE OF SERVICE

_____	_____	_____

_____	_____	_____

Signature: APPELLANT/PETITIONER

On the _____ Day of _____ 19 _____, PERSONALLY APPEARED
BEFORE _____ ME _____ THE _____ ABOVE
NAMED _____
(Type or Print the Name of the Appellant)

AND ACKNOWLEDGED AND SWORE THE ABOVE STATEMENTS TO BE TRUE.

NOTARY PUBLIC MY COMMISSION EXPIRES _____

ENERGY CONSERVATION MANDATORY CHECKLIST FOR NEW CONSTRUCTION
(OTHER THAN LOW-RISE RESIDENTIAL) 780 CMR, 1301.8.1



Owner/Agent Name: _____ Phone: _____
Owner/Agent Address: _____
City/State/Zip: _____
Project Name: _____
Site Address: _____ City/Town _____
Applicant's Name: _____ Signature: _____
Applicant's Phone: _____ Date of Application: _____

I. Envelope Compliance Option (check ONE)

- ☐ Trade-Off (1304.5) - Attach software Compliance Report (COMcheck-EZ)
☐ Appendix J (1301.2 - For buildings up to 10,000 sf only) - Attach Appendix J compliance documentation
☐ Systems Analysis (1309) - Attach Registered Architect's or Engineer's report

☐ Prescriptive (1304.2) - Complete this section, and attach copy of applicable Table (1304.2.1 through 13.4.2.12)
Climate Zone (from Table 1303.1) ☐ Zone 12a ☐ Zone 13a ☐ Zone 14a
a. Gross above-grade wall area _____ sq.ft.
b. Total window & glass door area _____ sq.ft.
c. Glazing % (100 x b÷a) _____ % Table # utilized: _____

II. HVAC (check ONE)

- ☐ Simple Systems & Equipment (1305.2) ☐ Complex Systems & Equipment (1305.3)
☐ Systems Analysis (1309) - Attach Registered Architect's or Engineer's report

III. Lighting (check ONE)

- ☐ Building Area Method (1308.6.2.1)
☐ Space-by-Space Method (1308.6.2.2) } Attach Compliance Documentation (COMcheck-EZ or other)
☐ Systems Analysis (1309) - Attach Registered Architect's or Engineer's report

IV. Approval & Acceptance Construction Documents (1301.8.4.1)

Attach a narrative report describing the HVAC, Lighting, and Electric Distribution systems, including:

For Official Use ONLY:	
Building Official check off completed sections of report	<input type="checkbox"/> 1. Design Intent
	<input type="checkbox"/> 2. Basis of Design
	<input type="checkbox"/> 3. Sequence of operation / systems interaction
	<input type="checkbox"/> 4. Description of the systems (capacities, etc.)
	<input type="checkbox"/> 5. Testing requirements / criteria acceptance
	<input type="checkbox"/> 6. Requirement for submittal of operation manuals and maintenance manuals
	<input type="checkbox"/> 7. Requirement for submittal of record drawings and control documents

This Side For Use by Building Department Only

Official’s Name: _____ Title: _____

I. Plans Review

Date Application Received: _____

- ☐ Complete Narrative Report Received (1301.8.4.1)
- ☐ Design and Specification Documents prepared by legally recognized professional (1301.8.4.3)

Application is: Approved ☐ Date: _____ Signature: _____
 Denied ☐ Date: _____

Reason(s) for Denial: (provide additional details as needed on separate sheet)

II. Acceptance (1301.8.4.4)

- ☐ Successful system tests witnessed by Building Official, **OR** ☐ satisfactory test report received (check one)
- ☐ Certification by Registered Professional (per 780 CMR 116.2) that systems are installed in accordance with construction documents
- ☐ Confirmation by owner (or their authorized representative) that they have received record drawings, reviewed for reasonable accuracy
- ☐ Confirmation by owner (or their authorized representative) that they have received reports, controls documentation, operations manual(s), maintenance manual(s), and other documents specified in 1301.8.4.1

Building Official’s Signature: _____



CONSUMER INFORMATION FORM - “SUNROOMS”

Massachusetts State Building Code (780 CMR, Appendix J, Section J1.1.2.3.1)

The Massachusetts State Building Code (780 CMR) includes provisions to ensure that houses and house additions meet energy efficiency standards. This supplemental CONSUMER INFORMATION FORM is to be filed as part of the building permit application when a builder/contractor or homeowner, constructing/installing a house addition with very large percentage of glass to opaque wall, seeks to utilize a special energy conservation exemption option for "sunroom" additions to an existing house (780 CMR, Appendix J, Section J1.1.2.3.1). This FORM is not intended to prevent a homeowner from selecting a “sunroom” of any size, configuration, orientation, form of construction or percent glazing, but rather is only intended to assist homeowners in becoming aware of some of the important energy conservation and year-round comfort considerations involved in selecting and utilizing a “sunroom” addition.

The connection of “sunroom” structures to residential buildings may create comfort and energy consumption issues due to uncontrolled solar gain or uncontrolled radiation cooling of the main house. In the selection and construction/installation of “sunrooms”, included below is a non-required, open-ended list of product and design considerations that a homeowner may wish to consider before actually constructing/installing a “sunroom”. It is recommended that consumers carefully review these options with their designer, builder, or contractor, in order to minimize potential energy consumption and/or house discomfort issues. In addition, the qualifications and reputation of the company or individuals to be hired are important considerations.

PRODUCT AND DESIGN CONSIDERATIONS RELATED TO “SUNROOMS”

- Solar Orientation and Natural Shading
- Type of Glazing
 - Insulating value
 - Solar heat gain
 - Frame materials
 - Glazing to frame sealing and gasketing materials/ seal durability and/or weather tightness of the sunroom
- Adequate ventilation - Operable windows and fans
- Applied Shading Systems
- Insulation level in floors, walls, and ceilings
- Possible Sunroom isolation from the main house via a wall and/or door or slider
- Heating and Cooling Methods: Efficiency, Zoning and Controls

Homeowner Acknowledgment

The Massachusetts State Building Code, Section J1.1.2.3.1, requires that the actual property owner (not the owner’s agent or representative) acknowledge receipt of this CONSUMER INFORMATION FORM prior to issuance of a Building Permit for a project that includes “sunroom” additions to an existing residential building. In accordance with this requirement, the undersigned hereby acknowledges that she/he has read the information in this document concerning sunroom comfort and energy conservation.

Signature of Actual Building Owner

Date

Print Name

Address of Permitted Project

Owner Address (if different than project location)

Owner’s telephone number