



**Commonwealth of Massachusetts  
Division of Occupational Licensure  
Office of Public Safety and Inspections**

1000 Washington Street, Suite 710  
Boston, Massachusetts 02118

**MASSACHUSETTS STATE BUILDING CODE - CODE CHANGE PROPOSAL FORM**

Impacted code:	<input type="checkbox"/> Base Code <input type="checkbox"/> Residential Code	State Use Only	
Date Submitted:		Date Received:	
Code Section:		Code Change Number:	
Name of proponent:			
Company / Organization represented, if any:	Check <input type="checkbox"/> if representing self		
Address (number, street, city, state, ZIP):			
Telephone number:			
Email address:			

**PLEASE CHECK ☒ THE TYPE OF AMENDMENT PROPOSED**

- ☐ Change existing section language      ☐ Add new section      ☐ Delete existing section and substitute  
☐ Delete existing section, no substitute      ☐ Other, Explain: \_\_\_\_\_

**PLEASE TYPE THE PROPOSED AMENDMENT BELOW.** If you propose to change a section, please copy the original text from either the relevant model code and/or MA amendment and indicate the code edition. Indicate, with a ~~strike through~~, the text that you propose to delete. Please also indicate any new text in both *italic* and **red** font. Finally, for each proposal submitted, please provide the justification items requested below. Completed code amendment forms may be emailed to [bbrs-ma@mass.gov](mailto:bbrs-ma@mass.gov). **Please attach additional pages as necessary.**

Existing language:

Proposed changes:

Background and rationale:

Pros of the proposed change:

Cons of the proposed change:

Estimated impact on life safety:

Estimated impact on cost:

