Town of Reading
16 Lowell Street
Reading, MA 01867

BRANDEN VIGNEAULT
BUILDING COMMISSIONER
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GENERAL CONTRACTOR – Completion of Construction

To the Commissioner of Inspectional Services of the Town of Reading

COMPLETION OF CONSTRUCTION

I certify, pursuant to the 780 CMR Section 107.6.3 of the Mass State Building Code that I have observed the work associated with Permit # _____dated _____for the property located at _____. To the best of my knowledge, information and belief, the work has been done in conformance with the approved plans, and with the provisions of the Mass State Building Code and the Reading Zoning Bylaw and other pertinent laws, rules and regulations of the Town of Reading, the Commonwealth of Massachusetts and where applicable in the United States.

General Contractor License Number:_____ Date:_____

Contractor Name:_____

Address of Construction:_____

When a General Contractor is responsible for the construction and the project is over $40,000, please have the owner fill out the *Affidavit for Final Cost* of Construction. When the owner is responsible for the construction, ONLY the Affidavit for Final Cost of Construction must be filled out before scheduling a final inspection.

AFFIDAVIT FOR FINAL COST OF CONSTRUCTION (TO BE FILLED OUT BY OWNER)

In accordance with the provisions of the Massachusetts State Building Code, Section 109, the total final cost of construction including all related construction costs*: **amounts to: $**_____ **Permit #**_____

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

***Related construction costs include **all work** done with or concurrently with the work contemplated by the building permit including demolition, plumbing, heating, electrical, air conditioning, painting, carpeting, landscaping, site improvements, etc. Furnishing and portable equipment are not part of the total construction cost.

Signature of Owner:_____ **Date:**_____

Commonwealth of Massachusetts
_____, ss **Date:_____**

Then personally appeared the above named:_____ and made oath that the above statement is true.

Before me:_____ My Commission Expires:_____
Notary Public

Office Use: Original Cost: $_____ FINAL Cost: $_____ Difference of: $_____