



Town of Mashpee

*16 Great Neck Road North
Mashpee, MA 02649*

PROCEDURES FOR FILING CONTROL CONSTRUCTION APPLICATION

This form is based on the IBC 2009 and 780 CMR Massachusetts Amendments (MA). Any references to the Massachusetts Amendments will be listed as (MA).

The City of Marlborough is a Stretch Code Community and is in the 100 mph Wind Zone.

Prior to the issuance of ANY BUILDING PERMIT(s), the following pages are to be completed and submitted to this office.

SUBMIT PAGES 2-14

Along with the submitted pages, you are required to submit the following reports....

- Testing and Certification (Chapter 10, sec. 1001.3.2 (MA)) shall be submitted with the Application
- Geotechnical investigation required (1803.2) submit written report
- Energy Efficiency per Appendix AA Stretch Code (MA)
- Per Chapter 13 Sec 103.2 (MA) description in detail the items listed
- Fire Protection Documents per 107.1.2 (MA) & 901.2.1 (Tier One) (MA)

Reports are to be sent as stated or arranged with the Building Department. Failure to submit the necessary or required periodic inspection reports may result in a **STOP WORK ORDER**.

Prior to the issuance of ANY type of CERTIFICATE OF OCCUPANCY, the following pages are to be completed and submitted along with a complete record of any Periodic Inspection reports and the Town's standard Occupancy Certificate Sign off Sheet.

SUBMIT PAGES 15-19

These applications are designed for you to fill in calculations, fill in the blanks, or circle the correct response. If it applies, there shall be a statement of NOT APPLICABLE provided if that particular section does not apply to your particular project.

NO PAGE is to have any section or question left unanswered.



Town of Mashpee

*16 Great Neck Road North
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QUICK PROJECT DESCRIPTION

Address _____

Proposed Use _____

Use Group Classification _____

Brief Description of work _____

Occupancy Load per Floor _____

I hereby attest and certify that to the best of my knowledge, the above information is accurate and is also in accordance with the plans submitted.

Original Signature

Date



Town of Mashpee

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List the following individuals involved in this project and shall be submitting the necessary reports as required PURSUANT TO 107.6.2.2 (MA)

REGISTERED ARCHITECT

Print name

Registration Stamp

Address

Telephone

Signature

REGISTERED STRUCTURAL ENGINEER

Print name

Registration Stamp

Address

Telephone

Signature

GENERAL CONTRACTOR

Print name

Registration Number

Address

Telephone

Signature



Town of Mashpee

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REGISTERED FIRE ENGINEER

Print name

Registration Stamp

Address

Telephone

Signature

REGISTERED HVAC ENGINEER

Print name

Registration Stamp

Address

Telephone

Signature

REGISTERED ELECTRICAL ENGINEER

Print name

Registration Stamp

Address

Telephone

Signature

USE GROUP CLASSIFICATION (Chapter 3)

Use Group Classification (303.0 - 312.0) _____

SEPARATED USES (Chapter 302.3.2)

Circle if **NOT APPLICABLE**

List Required Separation per Use (Table 302.3.2) _____

Required Separations of Occupancies (Table 302.3.2) _____

TYPE OF CONSTRUCTION (Chapter 6)

Construction Classification (602.0)

_____ TYPES I and II _____ TYPE III _____ TYPE IV _____ TYPE V

Fire Resistance Rating for Exterior Walls (Table 602) _____

Fire Resistance Construction (Chapter 7)

Circle if NOT APPLICABLE

List Fire Resistance Rating (Table 707.3.9) _____

Per Table 706.4, list Fire Wall Resistance Rating _____

Shaft Enclosures meet 708.0	YES	NO	N/A
Fire Partitions meet 709.0	YES	NO	N/A
Smoke Barriers meet 710.0	YES	NO	N/A
Smoke Partitions meet 711.0	YES	NO	N/A
Horizontal Assemblies meet 712.0	YES	NO	N/A
Penetrations comply with 713.3.1.1 and 713.3.1.2	YES	NO	N/A
Membrane Penetrations comply with 713.3.2	YES	NO	N/A
Ducts and Air Transfer Openings comply with 716	YES	NO	N/A
Do the Floor and Roof Systems meet Table 720.1(3)	YES	NO	N/A
Fire Doors meet 715 and Table 715.4	YES	NO	N/A
Do the Fire Dampers meet 716.0 and Table 716.3.2.1	YES	NO	N/A

ALLOWABLE HEIGHT AND AREA (Chapter 5 and Table 503)

Based on Table 503

Group _____ Bldg. Ht. _____ Stories Area _____

Mezzanines comply with 505.0 YES NO N/A

MEANS OF EGRESS

(Chapter 10)

Occupancy Load (Table 1004.1.1)

Location	TOTAL
_____	_____
_____	_____
_____	_____
_____	_____

Attach a separate sheet for listing additional areas of the building as needed

TOTAL _____

Number of Exits Required (Table 1021.1 and Table 1021.2) _____

Does the Length of Exit Access travel meet Table 1016.1	YES	NO	N/A
Does it meet section 1005.0	YES	NO	N/A
Does it meet section 1006.0	YES	NO	N/A
Does it meet section 1007.0	YES	NO	N/A
Does it meet section 1008.0	YES	NO	N/A
Does it meet section 1009.0	YES	NO	N/A
Does it meet section 1010.0	YES	NO	N/A
Does it meet section 1011.0	YES	NO	N/A
Does it meet section 1012.0	YES	NO	N/A
Does it meet section 1013.0	YES	NO	N/A
Does it meet section 1014.0 - 1016	YES	NO	N/A
Does it meet section 1017.0	YES	NO	N/A
Does it meet section 1018.0	YES	NO	N/A
Does it meet section 1020.0	YES	NO	N/A
Does it meet section 1022.0	YES	NO	N/A
Does it meet section 1023.0	YES	NO	N/A

Does it meet section 1024.0 YES NO N/A

If NO or Not Applicable, why _____

Does it meet section 1025.0 YES NO N/A

Does it meet section 1026.0 - 1029 YES NO N/A

MECHANICAL EQUIPMENT AND SYSTEMS (Chapter 28)

Do the Mechanical Systems meet Chapter 28(MA) YES NO N/A

STRUCTURAL (Chapter 16)

Floor Live Load (1603.1.1) _____ Roof Snow Load (1603.1.3) _____

Roof Live Load (1603.1.2) _____

Wind Load (1603.1.4)

(1) Basic Wind Speed _____ (2) Wind Importance Factor _____

(3) Wind Exposure _____

Earthquake Design (1603.1.5)

(1) Seismic Importance Factor and Seismic Use Group _____

(2) Mapped Spectral response Accelerations _____

(3) Site Class _____

(4) Spectral response coefficients _____

(5) Seismic Design Category _____

(6) Basic Seismic-Force-resisting system _____

(7) Design base shear _____

(8) Seismic response coefficient(s) _____

(9) Response modification factor(s) _____

(10) Analysis procedure used _____

Snow Load (Figure 1608.2) _____ N/A

Snow Guards (1608.9 (MA)) _____ N/A

Live Load (Table 1607.1) _____ N/A

Lateral Soil Load Classification (Table 1610.1) _____ N/A

Wind Speed (Figure 1609) _____ N/A

Occupancy Category (Table 1604.5) _____ N/A

Seismic Design Category (1613.5.6) Circle One

Seismic Use Group I Seismic Use Group II Seismic Use Group III

Seismic Category (1613.5.2) Circle One

A B C D E F

Does the Foundation and Footings, meet the appropriate sections 1807.0 - 1810.0	YES	NO
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Do the retaining Walls meet section 1806.0	YES	NO
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ROOF AND ROOF COVERINGS (Chapter 15)

Circle if **NOT APPLICABLE**

List Fire Classification of Roof (1505.1) Class _____ Type of Construction _____

PLUMBING CODE (CMR 248)

Circle if **NOT APPLICABLE**

Number of Plumbing Fixtures required (2.10) _____ Male _____ Female

HANDICAP ACCESSIBILITY 521 CMR Architectural Access Board Regulations

Circle if NOT APPLICABLE

Check off those items that are applicable to the project. If no Items are checked off, submit a letter as to why this project does not need to comply with 521 CMR.

_____ Site Access _____ Exterior Signage _____ Ramps _____ Stairs
 _____ Entrances _____ Parking Lots Marked _____ Doors/Doorways
 _____ Public Restroom _____ Drinking Fountains _____ Elevators
 _____ Public Telephones _____ Floors _____ Shower Room _____ Walks

ENERGY EFFICIENCY (Chapter 13)

PART 1

R Value of Walls _____ R Value of Floors _____
 R Value of Roof/Ceiling Assembly _____ R Value of Foundation Walls _____

ENERGY EFFICIENCY (Chapter 13)

PART 2

In accordance with 104.2 of 13.00; Construction documents are to be submitted as an addendum to this packet which shall contain the following information:

1. A description of the design intent providing a detailed explanation of the ideas, concepts and criteria that are defined by the owner to be important.
2. A description of the basis of design of the system.
3. A description of the sequence of operation of the systems and their interaction with other systems, including fire prevention and fire protection systems.
4. A description of the systems including the capacities of the equipment or systems.
5. A description of the testing requirements and the criteria for passing to be used for final systems acceptance.
6. A requirement for submittal of operation manuals and maintenance manuals as condition of final acceptance and a description of their format and content. The operation manual shall provide all relevant information needed for day-to-day operation and management of each system. The maintenance manual shall describe equipment inventory and support the maintenance program.

GLAZING (Chapter 24)

Circle if NOT APPLICABLE

Safety Glazing complies with 2406.0	YES	NO	N/A
Glazing complies with 2407.0	YES	NO	N/A
Glazing complies with 2408.0	YES	NO	N/A
Glazing complies with 2409.0	YES	NO	N/A

SUPPRESSION SYSTEM (Chapter 9)

Circle if NOT APPLICABLE

In accordance with 901.2.1 (MA), a Complete Fire Protection Construction Documents shall be submitted in accordance with 780CMR 901.0 and a building permit obtained prior to the installation. Said Fire Protection Construction Documents shall address all 21 items listed per 901.2.1 (MA)

Does the Suppression System meet 903.0	YES	NO	N/A
Smoke Control System meet 905.0	YES	NO	N/A
Standpipe System meet 905.2.1 (MA)	YES	NO	N/A
Standpipe System meet 905.2.2 (MA)	YES	NO	N/A
Fire Department Connections meet 912.0	YES	NO	N/A
Fire Protective Signaling System meet 907.0	YES	NO	N/A
Fire Protective Signaling Plans meet 907.1.2.1 (MA)	YES	NO	N/A
Fire Pumps comply with 913.0	YES	NO	N/A
Fire Extinguishers meet 906.0	YES	NO	N/A
Smoke and Heat Vents comply with 910.0	YES	NO	N/A

FIRERESISTIVE CONSTRUCTION (Chapter 9)

Circle if NOT APPLICABLE

In accordance with 901.1.1 (MA) a Complete Fire Protection Construction Documents shall be submitted in accordance with 107.1.2 (MA) and a building permit obtained prior to the installation. Said Fire Protection Construction Documents shall address all 22 items listed per 901.2.1 (MA)

Review Table 903.2 (MA), will an Automatic Sprinkler be required for this project? **YES NO**

If **NO**, explain why _____

Does the Suppression System meet 903.0	YES	NO	N/A
Does the alarms comply with 903.4.2 (MA)	YES	NO	N/A
Smoke Control System meet 909.0	YES	NO	N/A
Standpipe System meet 905.0	YES	NO	N/A
Fire Department Connections meet 912.0	YES	NO	N/A
Fire Alarm and Detection System meet 907.0	YES	NO	N/A
Fire Pumps comply with 913.0	YES	NO	N/A
Fire Extinguishers meet 906.0	YES	NO	N/A
Smoke and Heat Vents comply with 910.0	YES	NO	N/A
Carbon Monoxide Protection comply with 916 (MA)	YES	NO	N/A
Are the Signs installed per 901.7 (MA)	YES	NO	N/A
Manual Fire Alarm in Group E per 907.2.3 (MA)	YES	NO	N/A
Manual Fire Alarm in Group A per 907.2.1 (MA)	YES	NO	N/A
Addressable Fire Alarm System per 907.2.8.3.2 (MA)	YES	NO	N/A
Smoke Control System per 909.2 (MA)	YES	NO	N/A

IF THIS SECTION DOES NOT APPLY, THE ARCHITECT/ENGINEER MUST SUBMIT A LETTER AS TO WHY IT DOES NOT.

SPECIAL DETAILED REQUIREMENTS (Chapter 4)

Circle if **NOT APPLICABLE**

COVERED MALL BUILDINGS (402.0)

Lease Plan Submitted (402.3)	YES	NO	N/A
Automated Sprinkler System (402.9)	YES	NO	N/A
Complies with Kiosk requirements 402.11	YES	NO	N/A

ATRUIMS (404.0)

Circle if **NOT APPLICABLE**

Automated Sprinkler System (404.3)	YES	NO	N/A
Fire Alarm System (404.4)	YES	NO	N/A
Smoke Control System (404.5)	YES	NO	N/A
Standby Power (404.6)	YES	NO	N/A

USE GROUP I-2 (407.0) circle one

Complies with 407.0	YES	NO	N/A
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USE GROUP I-3 (408.0) circle one

Complies with 408.0	YES	NO	N/A
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Special Amusement Buildings (411.0)

Circle if **NOT APPLICABLE**

Complies with 411.3	YES	NO	N/A
Complies with 411.4	YES	NO	N/A
Complies with 411.5	YES	NO	N/A
Complies with 411.6	YES	NO	N/A
Complies with 411.7	YES	NO	N/A
Complies with 411.8	YES	NO	N/A

DO WE HAVE COMPLIANCE IN THE FOLLOWING AREAS

STAGES AND PLATFORMS (410.0)	YES	NO	N/A
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AIRCRAFT HANGER (412.0)	YES	NO	N/A
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SPRAY BOOTHS AND ROOMS (Section 416)

SPRAYING ROOMS (416.0)	YES	NO	N/A
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SPRAYING SURFACES (416.2.1)	YES	NO	N/A
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SPRAYING SPACES (416.3)	YES	NO	N/A
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SPRAYING SURFACES (416.3.1)	YES	NO	N/A
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SPRAYING SPACES (416.3)	YES	NO	N/A
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SPRAY BOOTH (416.4)	YES	NO	N/A
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FIRE PROTECTION (416.5)	YES	NO	N/A
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RADIO AND TV TOWERS (3108.0)	YES	NO	N/A
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GROUNDING PER 3108.5	YES	NO	N/A
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ABULATORY HEALTH CARE FACILITIES (Section 422)

Circle if NOT APPLICABLE

SMOKE BARRIERS (422.2)	YES	NO	N/A
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REFUGE AREAS (422.3)	YES	NO	N/A
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INDEPENDENT EGRESS (422.4)	YES	NO	N/A
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AUTOMATIC SPRINKLER (422.5)	YES	NO	N/A
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FIRE ALARM (422.6)	YES	NO	N/A
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FINAL CERTIFICATION

The undersigned, being duly sworn, deposed

1. I have made regular and periodic site visits to observe the construction carried out at

The project, located at _____, Town of Mashpee, Massachusetts

Under Building Permit # _____ .

2. All required approvals and material affidavits have been submitted. There are no outstanding violations of law or orders of the Building Department; and the said construction has been satisfactorily completed in all respects in accordance with plans and specifications submitted for permit. It has been found to meet all applicable codes, rules and regulations of the Town of Mashpee and the Commonwealth of Massachusetts (except those items, if any, listed on Exhibit A, which do not endanger the intended occupancy of the project, or which constitute deviations from the said plans and specifications).

Date

Signature and Seal



Town of Mashpee

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FIRE PROTECTION SYSTEM CERTIFICATION

Building Permit # _____

I, _____, as the registered Professional Fire Engineer
Print Name

responsible for the design of the Fire Protection System, in accordance with 901.5.1(1) (MA), I hereby certify that to the best of my abilities that...

- The fire protection systems have been installed in accordance with the approved fire protection construction documents and that
- I have reviewed the shop drawings for conformance to 780 CMR 901.5 (MA) and that I have identified deviations if any, from the approved fire protection construction documents.
- That a set of As Built Plans per 901.2.1(3) (MA) have been submitted to the Building Department.
- I also confirm that the building owner/developer or authorized representative has received as-built fire protection system shop drawings from the Installing Contractor per 901.5.1 (2) (MA).
- I am also confirming that in accordance with 901.5 that the Building Official and the Fire Department has witnessed a satisfactory functional testing of the system and
- In accordance with 904.5.1 (MA), a Discharge Test had been performed.
- That a Copy of the Final Report per 909.18.8.3.1 (MA) has been filed with both the Building Official and the Fire Official.

Signature

Date

Seal



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STRUCTURAL CERTIFICATION

We have made the normal and usual field investigations for the purposes of evaluating the building located at

_____ in the Town of Mashpee,

Massachusetts under Building Permit # _____ .

Based upon the field investigations, it is our professional opinion that the structure of the building is sufficiently sound to accommodate the proposed construction, and that no hazard, regarding public safety will result therefrom.

Date

Signature and Seal



Town of Mashpee

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CONTRACTOR CERTIFICATION

Building Permit # _____

I, _____ hereby certify to the best of my
Print Name

knowledge and belief, that the said project, located at _____

in the Town of Mashpee, has been constructed in accordance with the 780 CMR 116.3 items 1 and 2 and with all pertinent deviations specifically noted.

Signature of General Contractor _____



Town of Mashpee

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Application for Certificate of Occupancy

Address of Project _____

Permit No. _____ Date Issued _____

Type of Construction _____

Use Group _____ Number of Stories _____

Maximum Occupancy Load _____

Request Action

_____ Full Certificate of Occupancy _____ Temporary Certificate of Occupancy

I hereby attest and certify that to the best of my knowledge, all work has been completed in accordance with the approved plans, permits and regulations. ALL required forms and/or affidavits are attached for approval. Incomplete items, listed on the Temporary Certificate of Occupancy, will be completed by the date on said Certificate.

Date

Signature and Seal