

# Department of Professional Licensure

## Office of Public Safety and Inspections

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### Massachusetts Existing Building Code Checklist

#### Based on 2015 IEBC w/ Massachusetts Amendments

To be submitted with Building Permit Application

Address: \_\_\_\_\_, MA  
(Street number, name) (City / Town)

Unit / Suite: (*location within building*) \_\_\_\_\_

**Risk Category:** (*Check one*),  Risk Category I,  Risk Category II,  RC III,  RC IV.

Work proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Control, building at 35,000 c.f. or greater  Yes  No  
*If Yes, then "Investigation & Evaluation Report" is required (780 CMR 104.2.2.1.)*

**Compliance Method:** [Only one method to be used] (*Check all boxes that apply*)

**Prescriptive**  
(Chapter 4)

**Work area**  
(Chapters 5 – 13)

**Performance**  
(Chapter 14)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Repairs             | <input type="checkbox"/> Repairs: Chapter 5                        | <input type="checkbox"/> Repairs             |
| <input type="checkbox"/> Alteration          | <input type="checkbox"/> Alteration: ( <i>check only one box</i> ) | <input type="checkbox"/> Alteration          |
| <input type="checkbox"/> Addition            | <input type="checkbox"/> Level 1: Chapter 7                        | <input type="checkbox"/> Addition            |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Level 2: Chapter 7 & 8                    | <input type="checkbox"/> Change of Occupancy |
|  | <input type="checkbox"/> Level 3: Chapter 7, 8 & 9                 |  |
|  | <input type="checkbox"/> Change of Occupancy: Chapter 10           |  |
|  | <input type="checkbox"/> Additions: Chapter 11                     |  |
|  | <input type="checkbox"/> Historic Buildings: Chapter 12            |  |
|  | <input type="checkbox"/> Relocated or Moved Buildings: Chapter 13  |  |

Note: Chapters 1.2, 3, 15, and 16 applies to each compliance path!

Applicant's Name: (*print*) \_\_\_\_\_

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