



# Final Construction Control Document

To be submitted at completion of construction by a

**Registered Design Professional**

for work per the 8<sup>th</sup> edition of the

Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check one or both as applicable:  New construction  Existing Construction

Project description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_, am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- Architectural       Structural       Mechanical
- Fire Protection       Electrical       Other: \_\_\_\_\_

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Building Official Use Only

Building Official Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_