



TOWN OF SAUGUS
INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

Telephone: (781) 231-4116

Inspector of Buildings/ Zoning Officer

Project # _____ Project Title _____
Project Location _____
Name of Building _____
Nature of Project _____

IN ACCORDANCE WITH SECTION 116.0 OF MASS STATE BUILDING CODE;
I, _____ Tel.# _____
Registration # _____ being a registered professional Architect/ Engineer state
Discipline _____ hereby certify that I have prepared or directly supervised
The preparation of all design plans, computations and specifications concerning:

ENTIRE PROJECT () ARCHITECTURAL () STRUCTURAL () MECHANICAL ()
ELECTRICAL () FIRE PROTECTION () OTHER () SPECIFY _____
FOR THE ABOVE NAMED PROJECT AND THAT, TO THE BEST OF MY
KNOWLEDGE, SUCH PLANS COMPUTATIONS AND SPECIFICATIONS MEET
THE APPLICABLE ENGINEERING PRACTICES AND ALL APPLICABLE LAW
AND ORDINANCES FOR THE PROPOSED USE AND OCCUPANCY.

I further certify that I shall perform the necessary professional services and be present on
the construction site on a regular periodic basis to determine that the work is proceeding
In accordance with the documents approved for the building permit and shall be
responsible for the following as specified in Section 116.2.2:

- 1) Review of shop drawings, samples and other submittals of the contractor as required
by the construction contract documents as submitted for building permit, and
approval for conformance to the design concept.
- 2) Review and approval of the quality control procedures for all code required
construction components requiring controlled materials or construction specified in
the accepted engineering practice standards listed in Appendix G.

PURSUANT TO SECTION 116.2.2, I SHALL SUBMIT PERIODICALLY, A
PROGRESS REPORT TOGETHER WITH PERTINENT COMMENTS TO THE
SAUGUS BUILDING DEPARTMENT NOT LESS THAN WEEKLY (unless otherwise
specified). UPON COMPLETION OF THE WORK I SHALL SUBMIT A FINAL
REPORT AS TO THE SATISFACTORY COMPLETION AND READINESS OF THE
PROJECT FOR OCCUPANCY.

Signature & Stamp (no facsimile) (_____ Subscribed and sworn
to before me this _____ of _____ 2000.
_____ Notary Public
My commission expires _____