



Town of Derry COMMERCIAL BUILDING PERMIT

FEES \$ _____

APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT

IMPORTANT - Applicant to complete all items in sections.

AT (LOCATION) _____ District _____																			
(NO.) _____	(STREET) _____																		
SUBDIVISION _____	PARCEL ID: _____																		
I. TYPE AND COST OF BUILDING - All applicants complete Section A & B																			
A. TYPE OF IMPROVEMENT	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">PROPOSED USE Residential</th> <th style="width:50%;">Non-Residential</th> </tr> </thead> <tbody> <tr> <td>New Building <input type="radio"/> One Family <input type="radio"/></td> <td>Amusement, recreational <input type="radio"/></td> </tr> <tr> <td>Addition <input type="radio"/> Two or more family units <input type="radio"/></td> <td>Church <input type="radio"/></td> </tr> <tr> <td>Alteration <input type="radio"/> Hotel, motel (# of units) <input type="radio"/></td> <td>Office, bank <input type="radio"/></td> </tr> <tr> <td>Repair <input type="radio"/> Garage <input type="radio"/></td> <td>Tanks, Towers <input type="radio"/></td> </tr> <tr> <td>Demolition - Refer to Demolition Permit Application <input type="radio"/> Carport <input type="radio"/></td> <td>Service station <input type="radio"/></td> </tr> <tr> <td>Moving (relocation) <input type="radio"/> Other (specify) <input type="radio"/></td> <td>Public Utility <input type="radio"/></td> </tr> <tr> <td>Foundation only <input type="radio"/></td> <td>Store, Mercantile <input type="radio"/></td> </tr> <tr> <td></td> <td>Other (specify) <input type="radio"/></td> </tr> </tbody> </table>	PROPOSED USE Residential	Non-Residential	New Building <input type="radio"/> One Family <input type="radio"/>	Amusement, recreational <input type="radio"/>	Addition <input type="radio"/> Two or more family units <input type="radio"/>	Church <input type="radio"/>	Alteration <input type="radio"/> Hotel, motel (# of units) <input type="radio"/>	Office, bank <input type="radio"/>	Repair <input type="radio"/> Garage <input type="radio"/>	Tanks, Towers <input type="radio"/>	Demolition - Refer to Demolition Permit Application <input type="radio"/> Carport <input type="radio"/>	Service station <input type="radio"/>	Moving (relocation) <input type="radio"/> Other (specify) <input type="radio"/>	Public Utility <input type="radio"/>	Foundation only <input type="radio"/>	Store, Mercantile <input type="radio"/>		Other (specify) <input type="radio"/>
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B. Cost of Improvement.....	Describe work to be completed:																		
<i>To be installed but not included in the above costs</i>																			
a. Electrical																			
b. Plumbing																			
c. Heating, A/C																			
d. Other (elevator, etc.)																			
Total Cost of Improvements.																			
TYPE OF FRAME																			
<input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other																			
TYPE OF HEATING FUEL																			
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other (Specify)																			
TYPE OF SEWAGE DISPOSAL	TYPE OF WATER SUPPLY																		
<input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Private (septic tank, etc.)	<input type="checkbox"/> Public or Private Co. <input type="checkbox"/> Private (well, cistern)																		
TYPE OF MECHANICAL																			
Will there be central air conditioning? <input type="radio"/> YES <input type="radio"/> NO Will there be an elevator? <input type="radio"/> YES <input type="radio"/> NO																			
DIMENSIONS																			
_____ Number of Stories, _____ Total sq ft of floor area, (Exterior dimensions) _____ Total sq ft of land Area																			
NUMBER OF OFF STREET PARKING SPACES	# of Bedrooms																		
_____ Enclosed _____ Outdoors	# of Bathrooms Full _____ Partial _____																		

II. IDENTIFICATION - To be completed by all applicants.

	Name	Mailing Address - Number, Street, City and State	Zip Code	Phone #
Owner or Lessee				
Contractor				
Architect / Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

NOTE: Signature(s) on the building permit application authorizes the Code Official, Assessor or their Agents, for the Town of Derry to conduct inspections from time to time during and upon completion of work for which this permit is being issued.

Signature of Applicant	Address	Date
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Site or Plot Plan - Please draw a sketch below of where project will be placed in reference to home and indicate lot line setbacks.

Zoning Restrictions - All Buildings, i.e. Additions, Sheds, etc. can be NO closer then:

**35' to Front Lot Line
15' to Side or Rear Lot Lines**

Rear Lot Line Set back

Street Lot Line set back

VALIDATION *-For Department Use Only-* *back side of form*

Building Permit Number: _____

Building Permit Issued: _____

Building Permit Fee: _____

Certificate of Occupancy \$ _____

Drain Tile \$ _____

Plan Review Fee \$ _____

Approved by: _____

Title: _____

COMMERCIAL BUILDING APPLICATION PROCEDURE

NO WORK *IS AUTHORIZED TO
BEGIN BEFORE PERMIT IS ISSUED*

A COPY OF THE APPROVED & SIGNED
SITE PLAN **MUST BE** ON FILE WITH
THIS OFFICE BEFORE A BUILDING
PERMIT WILL BE ISSUED

****NOTE****
2 FULL SETS REQUIRED

PLEASE REFER ANY QUESTIONS TO
CODE ENFORCEMENT OFFICER ROBERT MACKEY – 432-6148
OR
DIRECTOR OF FIRE PREVENTION
LIEUTENANT MICHAEL STANHOPE – 432-6751

TOWN OF DERRY
CODE ENFORCEMENT DEPARTMENT
Procedure for Permit Application & Building Inspections
For New Residential Dwellings or Commercial Projects

Applicant Must

1. Obtain either:
 - a. State Approval for construction of a Septic System and a Town of Derry septic installation permit.
 - b. Water/Wastewater discharge permit from the Town of Derry if serviced by town sewer.
 - c. Water hookup permit if serviced by town water.
2. **Sprinkler form MUST BE filled out ONLINE with Fire Prevention and submitted with plans along with fee paid to be reviewed by the Fire Prevention Bureau.**
3. Obtain a driveway permit from the Town of Derry. Driveway profiles to be indicated on all applications and drawings for State Septic Approvals.
4. Show Town of Derry tax map identification on **All** permit applications and Identify plans with names, date, owner, email, phone number, etc.
5. Complete the application with names, addresses and telephone numbers and email address. Declare a cost figure in the “estimated cost” block and sign the forms where required.
8. Full set of Plans for the proposed work **MUST** be submitted for ALL Structures. **Plans also must be submitted electronically to the Fire Prevention Bureau (see #2).**
9. If you **Do Not** own the property that the permit is being applied for, include a letter of authorization from the property owner.
10. Electrical permits will only be issued to the **Licensed N.H. Master Electrician** in charge of the job and **must** be applied in **advance** of the work being performed. Homeowner permits require a signed affidavit and approval from the Inspector.
11. Plumbing permits will only be issued to the **Licensed N.H. Master Plumber** in charge of the job and **must** be applied for in **advance** of the work being performed. Homeowner permits require a signed affidavit and approval from the Inspector.
12.
 - A. Building permits will be approved by the Building Inspector.
 - B. Electrical permits by the Electrical Inspector.
 - C. Plumbing permits by the Plumbing Inspector.
13. Application for a permit and payment of the permit fee **DOES NOT** grant approval to proceed.
14. **NO WORK** shall begin before approval is received.
15. **WORK BEGUN BEFORE THE APPLICATION FOR A PERMIT WILL NOT BE INSPECTED AND A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED.**

CURRENTLY ADOPTED CODES

State of New Hampshire Building Code

- 2018 International Building Code with Town & State amendments
- 2018 International Residential Code with amendments
- 2018 International Plumbing Code with amendments
- 2020 National Electrical Code, NFPA 70 with amendments
- 2018 International Mechanical Code
- 2018 International Energy Conservation Code with amendments
- 2018 International Existing Building Code with amendments
- 2018 NFPA 101 Life Safety Code w/NH amendments
- 2018 NFPA 1 Fire Code w/NH amendments
- 2018 International Swimming Pool & Spa Code
- 2009 International Property Maintenance Code w/Town of Derry amendments
- 1988 Town of Derry Water Supply Regulations - Well Ordinance

State of New Hampshire Health Codes

Town of Derry Zoning Ordinance as Amended

Town of Derry Land Development Control Regulations as Amended

Code of the Town of Derry Chapter 51 Fire Prevention Code & Chapter 30 Building Code

INSPECTION REQUIREMENTS

****24 HOUR NOTICE MUST BE MADE PRIOR TO EACH INSPECTION
YOU MUST CALL 603-432-6148 TO SCHEDULE****

1. Septic System Bed Bottom (permit required)
2. Foundation locations for **NEW Dwellings** must be certified and **must be received in office prior to foundation inspection**. Foundation must be stripped with all drainage in place and damp proofed (Footings and foundations must be installed to a minimum of 4' below grade).
INSPECTIONS FOR FOUNDATIONS – FOOTING REBAR / WALL REBAR / FOUND PRIOR TO BACKFILL
3. Temporary Electrical Service (permit required)
4. Rough Stage - all rough wiring, rough plumbing, HVAC, and masonry in place. **Building MUST be weather tight with all doors, windows, and siding installed**. Meter sockets installed and grounded with the main breaker in place. All fire separations of party walls visible. Plumbing systems required to be pressure tested with 5 lbs. of air pressure or filled to the roof with water.
5. Insulation completed and visible with vapor barrier installed.
6. **Final** –
 - a. Oil/Gas Burner & Sprinkler/Cistern inspections must be performed & approved by the Fire Prevention Office prior to requesting final inspection from the Building Inspector.
 - b. **ALL PERMITS** and forms must be up to date and in file (building, septic, well, **Water Test & Well Data Results**, plumbing, electrical, chimney, oil/gas burner).
 - c. Completed well information sheet, signed by the well driller.
 - d. State Approval to **operate** the Septic System.
 - e. Signed Certification of compliance to NH Energy Code & **Blower Door** Test results.
 - f. Street Number installed on exterior of building.
 - g. Property **must be vacant and without furniture**.
 - h. If applicable the Fire Department **must** also sign the Certificate of Occupancy.

TOWN OF DERRY, N.H.
Derry - New Hampshire's Place to Be
Code Enforcement Office
Robert S. Mackey
 Code Enforcement Director
 Health Officer

Tel. (603) 432-6148
 Fax (603) 432-6109
 Email: bobmackey@derrynh.org

14 Manning St.
 Derry, NH 03038

TOWN OF DERRY, N.H.
Derry - New Hampshire's Place to Be
Code Enforcement Office
Robert Wentworth
 Assistant Building Inspector
 Electrical Inspector

Tel. (603) 432-6148
 Fax (603) 432-6109
 Email: bobwentworth@derrynh.org

14 Manning St.
 Derry, NH 03038

TOWN OF DERRY, N.H.
Derry - New Hampshire's Place to Be
Planning Department
George H. Sioras
 Planning Director


Tel. (603) 432-6110
 Fax (603) 432-6109
 email: georgesioras@derrynh.org

14 Manning St.
 Derry, NH 03038

TOWN OF DERRY, N.H.
Derry - New Hampshire's Place to Be
Courtney Provencher
 Health Officer


Tel. (603) 845-5520
 Fax (603) 432-6130
 email: courtneyprovencher@derrynh.org

14 Manning St.
 Derry, NH 03038



DERRY FIRE DEPARTMENT

PLAN
PREVENT
PROVIDE



DAVID EASTMAN
FIRE INSPECTOR

14 MANNING STREET
DERRY, NH 03038
(603) 432-6751 - OFFICE
daveeastman@derrynh.org



Derry Fire Department

Erin Harding

14 Manning Street
 Derry, NH 03038
 Tel: (603) 432-6751
 Fax: (603) 537-9216
 e-mail: erinharding@derrynh.org

TOWN OF DERRY, N.H.
Department of Public Works
Thomas A. Carrier
 Deputy Director

Tel. (603) 432-6144
 Fax (603) 432-6130
 email: tomcarrier@derrynh.org

14 Manning St.
 Derry, NH 03038

TOWN OF DERRY, N.H.
Derry - New Hampshire's Place to Be
Department of Public Works
Mark L'Heureux
 Engineering Coordinator

Tel. (603) 432-6144
 Fax (603) 432-6130
 email: marklheureux@derrynh.org

14 Manning St.
 Derry, NH 03038

Town of Derry, NH Water and Sewer Service Request Application

14 Manning St. Derry, NH 03038
Tel. 603-432-6147 Fax: 603-432-6130 www.derrynh.org

- ☐ New Water Service
☐ New Sewer Service
☐ Relocate/Demolish Service

☐ Increase Meter Size
☐ Add Bedrooms/Increase Discharge
☐ Irrigation ☐ Fire Suppression

UTILITY SERVICE CONTRACTOR												
DATE			DERRY TAX PARCEL ID				PROJECT/DEVELOPMENT					
SERVICE LOCATION		No.	Street				Unit		<input checked="" type="checkbox"/> Derry, NH <input type="checkbox"/> Londonderry, NH			
APPLICANT NAME <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> TENANT							APPLICANT TEL. # <input type="checkbox"/> CELL <input type="checkbox"/> HOME					
Owner Name (if other than applicant)							OWNER TEL. # <input type="checkbox"/> CELL <input type="checkbox"/> HOME					
OWNER ADDRESS		No.	Street		City/Town			State		Zip		Unit
OWNER Tel. #			<input type="checkbox"/> HOME <input type="checkbox"/> MOBILE			OWNER EMAIL						
<input type="checkbox"/> Mail Copy of Bill to: (\$1.00 per bill copy):			NAME				<input type="checkbox"/> TENANT <input type="checkbox"/> OTHER					
			No.	Street		City/Town		State		Zip		Unit
<input type="checkbox"/> CONDOMINIUM ASSOCIATION			NAME				TEL. # <input type="checkbox"/> CELL <input type="checkbox"/> HOME					
SERVICE TYPE:			<input type="checkbox"/> RESIDENTIAL No. Living UNITS =						No. of Bedrooms =			
<input type="checkbox"/> COMMERCIAL/INDUSTRIAL			Building Square Footage =						No. of Employees =			
MAX SEWER DISCHARGE (GPD)=					MAX WATER DEMAND (GPM)=					<input type="checkbox"/> RESTAURANT-NO. of SEATS		

The undersigned hereby applies for water and or sewer service to be supplied at the address herein described and agrees to pay bills upon presentation in accordance with the Town's rates, terms and conditions set forth in the Town of Derry's ordinance(s). The PROPERTY OWNER is responsible if the tenant(s) at the above address does not pay for their services.

OWNER SIGNATURE			DATE		
BELOW TO BE COMPLETED BY THE TOWN					
Water Service Size:				All water and sewer service connections shall be installed by a qualified contractor approved by and bonded with the Town of Derry and all work shall be inspected and approved by the Town's Engineers. SPECIAL CONDITIONS:	
WATER CONNECTION CHARGES		SEWER CONNECTION CHARGES			
Water Hook Up Fees		Sewer Accessibility Fee			
MR Source Dev. Charge		Construction Assessment			
Construction Assessment		Application/Inspection Fee			
Application/Inspection Fee					
Meter					
Meter Horn/Backflow					
TOTAL WATER DUE		TOTAL SEWER DUE			
PAYMENT OF:		RECEIVED BY		DATE	

Building permits will not be issued without approval for connection by the Department of Public Works for municipal water and sewer or approval for a private well or on-site septic system by the Building Inspector's Office. All charges must be paid prior to issuance of a Certificate of Occupancy by the Code Enforcement Office.

Approved for connection by the Town of Derry subject to payment of fees and complinace with any special conditions:

--	--

Thomas A. Carrier, Deputy Director of Public Works

Michael A. Fowler, P.E. Director of Public Works

SEE REVERSE SIDE FOR SERVICE AND METER INFORMATION



Town of Derry, New Hampshire

LOT ACCESS APPROVAL - DRIVEWAYS

TAX LOT # _____

Title of Plan: _____

Address of Driveway: _____

SCALE _____ DATE _____ RECEIVED _____

PLAN SPECIFICATIONS:

All plans shall:

- Have the dimensions of 11 x 17", 17 x 22", or 22 x 34"
- Be drawn to scale or have the dimensions noted
- Include driveway locations in relations to property lines
- Include a cross section showing materials to be used in construction of the driveway.

DRIVEWAY RECOMMENDATIONS:

All driveways shall:

- Slope away from the edge of the road at no less than 3% for a minimum of 10 feet and a maximum grade of +5% or -5% next 30'
- Shall be no wider than 24 feet except that the driveway may be flared at the entrance.
- Have a minimum site distance of 200' in both directions 10' from edge of traveled way.
- Have proper drainage along the entire frontage of the property carried to the proper outfall.

APPLICANT INFORMATION:

Applicant Name: _____

Address: _____

Telephone: _____

-For Town Use Only-

Lot Access Approval – Driveways

PLAN INSPECTION

DATE _____	FINDINGS _____

Signature _____	DERRY PUBLIC WORKS

PRELIMINARY APPROVAL

DATE _____	FINDINGS _____

Signature _____	DERRY PUBLIC WORKS

FINAL APPROVAL

DATE _____	FINDINGS _____

Signature _____	DERRY PUBLIC WORKS

**DRIVEWAY MUST BE BUILT ACCORDING TO SPECIFICATIONS PER
ARTICLE V SECTION 170-26A.16
TOWN OF DERRY LAND DEVELOPMENT CONTROL REGULATIONS**

**Article V
Section 170-26A.16**

16. Driveway curb cuts will be installed prior to the placement of wearing course of hot bituminous asphalt pavement. No driveway locations shall be amended or relocated once the curbing is installed and wearing course is in place. All proposed driveway aprons shall be constructed to a point 40 feet inward from the edge of pavement on all streets at the time of street construction. (Effective 5/18/05)

a. All new driveways are to meet the following (Effective 5/18/16) :

- i. Shall be constructed with a minimum of 12 inch depth of NHDOT Crushed Gravel 304.3 Specification for the entire length.
- ii. All loam and organic material shall be removed down to an acceptable subsurface.
- iii. Shall have a minimum clear unobstructed width of 12 feet (12') if the driveway is under 150 feet in length, or if the driveway is over 150 feet in length, a minimum clear unobstructed width of 14 feet (14') for the entire length of the driveway.
- iv. Shall have an additional clear unobstructed width of two feet (2') on each side.
- v. The vertical clearance shall be a minimum of 13 feet, 6 inches (13'6")
- vi. Driveways in excess of 150 feet in length shall provide means for Fire Department apparatus to turn around by either hammerhead or other approved means.
- vii. No driveway shall be in excess of a 15% grade.

b. All Driveway Aprons Shall (Amended 5/18/16):

- i. Slope away from the edge of the road at no less than 3% for open drainage and slope toward the road at no more than 3% in closed drainage subdivisions for a minimum of 10 feet.
- ii. Maximum grades allowed for next 30 feet are 5% and -5% respectively.
- iii. Be no wider than 24 feet except that the Driveway may be flared at the entrance.
- iv. Have a minimum site distance of 200 feet in both directions 10 feet from edge of traveled way.
- v. Be constructed with a minimum of 12 inch depth of NHDOT Crushed Gravel 304.3 Specification for entire length and width of the 40 foot driveway apron.
- vi. Include minimum 2" thickness of bituminous asphalt base course pavement between edge of pavement and edge of right of way (typically 13 feet from edge of roadway pavement).
- vii. Be completed along new roadways as part of the road drainage feature as a factor for Substantial Completion and Eligibility of Occupancy Permits.
- viii. Be completed along existing roadways as part of the road drainage feature as a factor for completion of all off-site improvements and Eligibility of Occupancy Permits. (Effective 7.16.08)

Town of Derry, NH

Water and Sewer

Service Request Application

14 Manning St. Derry, NH 03038
Tel. 603-432-6147 Fax: 603-432-6130 www.derrynh.org

- ☐ New Water Service
☐ New Sewer Service
☐ Relocate/Demolish Service

☐ Increase Meter Size
☐ Add Bedrooms/Increase Discharge
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UTILITY SERVICE CONTRACTOR

DATE		DERRY TAX PARCEL ID		PROJECT/DEVELOPMENT		
SERVICE LOCATION	No.	Street		Unit	<input checked="" type="checkbox"/> Derry, NH <input type="checkbox"/> Londonderry, NH	
APPLICANT NAME <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT <input type="checkbox"/> TENANT				APPLICANT TEL. # <input type="checkbox"/> CELL <input type="checkbox"/> HOME		
Owner Name (if other than applicant)				OWNER TEL. # <input type="checkbox"/> CELL <input type="checkbox"/> HOME		
OWNER ADDRESS	No.	Street	City/Town	State	Zip	Unit
OWNER Tel. #		<input type="checkbox"/> HOME <input type="checkbox"/> MOBILE		OWNER EMAIL		
<input type="checkbox"/> Mail Copy of Bill to: (\$1.00 per bill copy):	NAME			<input type="checkbox"/> TENANT <input type="checkbox"/> OTHER		
	No.	Street	City/Town	State	Zip	Unit
<input type="checkbox"/> CONDOMINIUM ASSOCIATION	NAME			TEL. # <input type="checkbox"/> CELL <input type="checkbox"/> HOME		
SERVICE TYPE:		<input type="checkbox"/> RESIDENTIAL No. Living UNITS =		No. of Bedrooms =		
<input type="checkbox"/> COMMERCIAL/INDUSTRIAL		Building Square Footage =		No. of Employees =		
MAX SEWER DISCHARGE (GPD)=		MAX WATER DEMAND (GPM)=		<input type="checkbox"/> RESTAURANT-NO. of SEATS		

The undersigned hereby applies for water and or sewer service to be supplied at the address herein described and agrees to pay bills upon presentation in accordance with the Town's rates, terms and conditions set forth in the Town of Derry's ordinance(s). The PROPERTY OWNER is responsible if the tenant(s) at the above address does not pay for their services.

OWNER SIGNATURE		DATE	
BELOW TO BE COMPLETED BY THE TOWN			
Water Service Size:			All water and sewer service connections shall be installed by a qualified contractor approved by and bonded with the Town of Derry and all work shall be inspected and approved by the Town's Engineers. SPECIAL CONDITIONS:
WATER CONNECTION CHARGES		SEWER CONNECTION CHARGES	
Water Hook Up Fees		Sewer Accessibility Fee	
MR Source Dev. Charge		Construction Assessment	
Construction Assessment		Application/Inspection Fee	
Application/Inspection Fee			
Meter			
Meter Horn/Backflow			
TOTAL WATER DUE		TOTAL SEWER DUE	
PAYMENT OF:		RECEIVED BY	DATE

Building permits will not be issued without approval for connection by the Department of Public Works for municipal water and sewer or approval for a private well or on-site septic system by the Building Inspector's Office. All charges must be paid prior to issuance of a Certificate of Occupancy by the Code Enforcement Office.

Approved for connection by the Town of Derry subject to payment of fees and complinace with any special conditions:

--	--

Thomas A. Carrier, Deputy Director of Public Works

Michael A. Fowler, P.E. Director of Public Works

SEE REVERSE SIDE FOR SERVICE AND METER INFORMATION

Meters will not be installed until water and sewer lines have been inspected and approved by the Town's Engineers. The Town of Derry bills Water and Sewer Service Accounts on a quarterly basis in March, June, September, and December. **Bills are due upon presentation.** Interest will be charged at an annual rate of 2/3 % per month on all balances over 30 days. Service may be discontinued on any account with balances 60 days or more past due. Accounts in arrears more than 90 days are subject to real estate lien upon the property serviced. Water and Sewer Rates and Fees as well as a list of approved Utility Service Contractors are available at www.derrynh.org.

BELOW TO BE COMPLETED BY TOWN'S ENGINEER

WATER SERVICE INSPECTED BY:		DATE	
SEWER SERVICE INSPECTED BY:		DATE	

BELOW TO BE COMPLETED BY BILLING DEPT.

METER INSTALLATION REQUEST BY:	DATE	TIME
--------------------------------	------	------

The Town installs meters up to and including 1 inch. Prior to installation, meter horns and/or backflows must be installed by the owner's plumber. Larger meters shall be installed by a licensed plumber in accordance with the manufacturer's specifications. All meters and backflow preventers must be installed in an easily accessible location.

ACCOUNT NO.:	DISTRICT:	ROUTE:	SEQUENCE:	NOTES:	
METER 1: <input type="checkbox"/> MASTER <input type="checkbox"/> HIGH FLOW (COMPD) <input type="checkbox"/> LOW FLOW (COMPD) <input type="checkbox"/> SEWER DEDUCT <input type="checkbox"/> IRRIGATION	SIZE:		METER 2:		SIZE:
	MODEL:		<input type="checkbox"/> MASTER		MODEL:
	SERIAL NO:		<input type="checkbox"/> HIGH FLOW (COMPD)		SERIAL NO:
	READING:		<input type="checkbox"/> LOW FLOW (COMPD)		READING:
TRANS 1 MAKE:		TRANS 1 SERIAL NO.		TRANS 2 SERIAL NO:	MODEL:
TRANS 1 MODEL:		TRANS 1 READING:			READING:
BACKFLOW 1	BF 1 MODEL:	<input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> VB			BF 1 LOCATION:
METER 3: <input type="checkbox"/> MASTER <input type="checkbox"/> HIGH FLOW (COMPD) <input type="checkbox"/> LOW FLOW (COMPD) <input type="checkbox"/> SEWER DEDUCT <input type="checkbox"/> IRRIGATION	METER 3 SIZE:		METER 4:		METER 4 SIZE:
	MTR 3 MODEL:		<input type="checkbox"/> MASTER		MTR 4 MODEL:
	MTR 3 SERIAL NO:		<input type="checkbox"/> HIGH FLOW (COMPD)		MTR 4 SERIAL
	MTR 3 READING:		<input type="checkbox"/> LOW FLOW (COMPD)		MTR 4 READING:
TRANS 3 MAKE:		TRANS 3 SERIAL NO.		TRANS 4 MAKE:	TRANS 4 SERIAL NO.
TRANS 3 MODEL:		TRANS 3 READING:		TRANS 4 MODEL:	TRANS 4 READING:
BACKFLOW 2 SIZE:	BF 2 MODEL:	<input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> VB			BF 2 LOCATION:
METER INSTALLATION COMPLETED BY:					DATE



PLANS REVIEW PROCEDURE

Effective Date: January 1, 1999 (revised July 6, 2015)

This procedure applies to all newly constructed, substantially renovated buildings in the Town of Derry requiring a building permit. Single family homes are exempt from this procedure.

1. All applicants for a building permit involving new construction, modification rehabilitation, shall submit plans for review to the fire department.
 - a. Construction 3000 (gross) square feet or greater in size shall submit stamped/certified plans for review to the Fire Department.
 - b. Construction under 3000 (gross) square feet in size may submit scaled plans for review showing compliance with all applicable codes to the Fire Department.
 - c. It shall be the responsibility of the applicant to submit plans that are in compliance with current codes and standards relative to Life Safety and Protection.
 - d. All class A, B, or C places of assembly shall submit stamped drawings for review.
2. The following items shall be listed on submitted plans to the Derry Fire Department to assure proper classification:
 - a. Occupancy classification.
 - b. Occupancy subclassification or special use (if applicable).
 - c. Building construction type.
 - d. Building elevation.
 - e. Gross square footage of building including all floors.
 - f. Equipment cut sheet for building mechanical and fire protection systems.
3. Where two codes are referenced for the same application, the most stringent shall apply.
4. Any modification or changes to plans during the construction phase shall be submitted to the Fire Department for review and approval prior to changes being made.
5. All plans shall be approved by the Fire Department prior to issuance of a building permit.
6. We will attempt to review all plans received as timely as possible.

DERRY FIRE DEPARTMENT



Michael J. Gagnon
Fire Chief

FIRE / AMBULANCE ADMINISTRATION
14 Manning Street
Derry, New Hampshire 03038

Emergency: 9-1-1
Business: 603-432-6751
Fax: 603-537-9216

Attention All Installation Contractors Commercial/Residential

- All Building Plans require the submittal & approval of plans prior to work commencing.
- Any installation of Sprinkler or Fire Alarm system will require the submittal & approval of plans prior to any work being performed.
- Any installation or modification of a fuel fired heater appliance, gas piping, and/or an underground propane tank will require a permit to install and operate.

The Derry Fire Department is now using an online permitting program (called Permiteyes). The program is available on our Town website or by following the link below:

https://fctpermit.com/sites/Derry/derfire/user_login.asp

This program is available to you remotely or we also have a computer in the main lobby for use. All Applicants are required to open an account and payments will be made thru the online program. *The following payments will be accepted: Visa, Master Card, American Express, Discover and direct withdrawal from your checking account (EFT Check). Cash or Check will be the only form of payment accepted in the office.*

Please visit our website for a list of the current adopted Town & State of NH Fire Codes
<https://www.derrynh.org/fire-department/pages/fire-prevention-inspection>



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Fire Chief

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STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner

Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal



Office: NH Incident Planning & Operations Center, 110 Smokey Bear Blvd., Concord, NH
Mailing Address: 33 Hazen Drive, Concord, NH 03305
603-223-4289, FAX 603-223-4294

Informational Bulletin 2009-07

Carbon Monoxide Detection Devices in Dwellings

Purpose

The purpose of this informational bulletin is to clarify the requirements of RSA 153:10-a, as they apply to carbon monoxide detectors, and to provide guidance as to its implementation. This statute becomes effective on January 1, 2010.

Explanation

Section I of the statute requires that a carbon monoxide detection device (CMD) be installed in "each unit". A multi-unit dwelling is defined as:

"any structure ... which contains 2 or more single units which provide permanent or transient living facilities which may or may not include cooking and eating facilities, for one or more persons. This term shall include but not be limited to: rooming houses, dormitories, motels, hotels, apartment buildings, buildings which contain condominium units, duplexes, and houses; provided, however, that such buildings contain 2 or more units."

Section II, requires that each "single family dwelling" that is newly constructed or substantially rehabilitated after January 1, must be equipped with a CMD. Substantial rehabilitation is defined as:

"any improvement to a building or single family dwelling which is valued at an amount greater than 1/2 of the assessed valuation of the building or dwelling." Note that this is the assessed value (the value on which the property taxes are based) not the resale value of the property.

A CMD must be installed in every rental unit. A rental unit is defined as:

"any residential unit in a building or single family dwelling which provides permanent or transient living facilities for one or more persons, which is occupied by tenants on a rental basis. This term shall include but not be limited to: hotels, motels, dormitories, apartments, duplex units, rooms rented out of the home of another, and single family dwellings, so long as they are rented."

Locations

NFPA 720, Standard for the Installation of Carbon Monoxide Detection and Warning Equipment and The International Residential Code address the location of carbon monoxide detectors. Detectors should be installed outside of each separate sleeping area in the immediate area of the bedrooms.

Compliance Dates.

RSA 153:10-a will become effective on January 1, 2010 for new construction. Administrative rules for this statute are being proposed for existing construction. In the rulemaking process, the Division will be recommending a two-year phase in process for implementation for existing construction.

Project:
Date Prepared:

Structural Statement of Special Inspections

Project:

Location:

Owner:

This *Statement of Special Inspections* encompass the following discipline: **Structural**

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the Building Code. It includes a schedule of Special Inspection services applicable to this project as well as the name of the Structural Special Inspection Coordinator (SSIC) and the identity of other approved agencies to be retained for conducting these inspections and tests.

The Structural Special Inspection Coordinator shall keep records of all Structural inspections and shall furnish inspection reports to the Building Code Official (BCO) and the Structural Registered Design Professional in Responsible Charge (SRDP). Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Building Official and the Structural Registered Design Professional in Responsible Charge. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

Interim reports shall be submitted to the Building Official and the Structural Registered Design Professional in Responsible Charge at an interval determined by the SSIC and the BCO.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted to the BCO prior to issuance of a Certificate of Use and Occupancy.

Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency: ☐ Upon request of Building Official _____ or ☐ per attached schedule.

Prepared by:

(type or print name of the Structural Registered Design Professional in Responsible Charge)

Signature

Date

Design Professional Seal

Owner's Authorization:

Building Code Official's Acceptance:

Signature

Date

Signature

Date

Project:
Date Prepared:

Structural Statement of Special Inspections (Continued)

List of Agents

Project:

Location:

Owner:

This *Statement of Special Inspections* encompass the following discipline: **Structural**

(Note: *Statement of Special Inspections* for other disciplines may be included under a separate cover)

This Statement of Special Inspections / Quality Assurance Plan includes the following building systems:

- ☐ Soils and Foundations
- ☐ Cast-in-Place Concrete
- ☐ Precast Concrete System
- ☐ Masonry Systems
- ☐ Structural Steel
- ☐ Wood Construction
- ☐ Special Cases

Special Inspection Agencies	Firm	Address, Telephone, e-mail
1. STRUCTURAL Special Inspections Coordinator (SSIC)		
2. Special Inspector (SI 1)		
3. Special Inspector (SI 2)		
4. Testing Agency (TA 1)		
5. Testing Agency (TA 2)		
6. Other (O1)		

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

Project:
Date Prepared:

Structural Statement of Special Inspections

Project:

Location:

Owner:

This *Statement of Special Inspections* encompass the following discipline: **Structural**

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Interim reports shall be submitted to the Building Official and the Structural Registered Design Professional in Responsible Charge at an interval determined by the SSIC and the BCO.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted to the BCO prior to issuance of a Certificate of Use and Occupancy.

Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Interim Report Frequency: ☐ Upon request of Building Official _____ or ☐ per attached schedule.

Prepared by:

(type or print name of the Structural Registered Design Professional in Responsible Charge)

Signature

Date

Design Professional Seal

Owner's Authorization:

Building Code Official's Acceptance:

Signature

Date

Signature

Date

Project:
Date Prepared:

1

Structural Statement of Special Inspections (Continued)

List of Agents

Project:

Location:

Owner:

This *Statement of Special Inspections* encompass the following discipline: **Structural**

(Note: *Statement of Special Inspections* for other disciplines may be included under a separate cover)

This Statement of Special Inspections / Quality Assurance Plan includes the following building systems:

- ☐ Soils and Foundations
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- ☐ Precast Concrete System
- ☐ Masonry Systems
- ☐ Structural Steel
- ☐ Wood Construction
- ☐ Special Cases

Special Inspection Agencies	Firm	Address, Telephone, e-mail
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2. Special Inspector (SI 1)		
3. Special Inspector (SI 2)		
4. Testing Agency (TA 1)		
5. Testing Agency (TA 2)		
6. Other (O1)		

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

Project:
Date Prepared:

Structural Statement of Special Inspections (Continued)

Final Report of Special Inspections (SSIC/SI 1)

[To be completed by the Structural Special Inspections Coordinator (SSIC/SI 1). Note that all Agent's Final Reports must be received prior to issuance.]

Project:
Location:
Owner:
Owner's Address:

Architect of Record:

(name)

(firm)

Structural Registered Design

Professional in Responsible Charge:

John Q. Public

(name)

(firm)

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Structural Special Inspection Coordinator

(Type or print name)

(Firm Name)

Signature

Date

Licensed Professional Seal

Project:
Date Prepared:

Structural Statement of Special Inspections (Continued)

Special Inspector's/Agent's Final Report

Project:
Special Inspector or
Agent:

(name)

(firm)

Designation:

To the best of my information, knowledge and belief, the Special Inspections or testing required for this project, and designated for this Inspector/Agent in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved.

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Special Inspector or Agent:

(Type or print name)

Signature

Date

*Licensed Professional Seal or
Certification Number*

Project:
Date Prepared:

Structural Schedule of Special Inspections

Qualifications of Inspectors and Testing Technicians

The qualifications of all personnel performing Special Inspection and testing activities are subject to the approval of the Building Official. The credentials of all Inspectors and testing technicians shall be provided to the Special Inspector for their records. *NOTE VERIFICATION THAT QUALIFIED INDIVIDUALS ARE AVAILABLE TO PERFORM STIPULATED TESTING AND/OR INSPECTION SHOULD BE PROVIDED PRIOR TO SUBMITTING STATEMENT. AGENT QUALIFICATIONS IN SCHEDULE ARE SUGGESTIONS ONLY; FINAL QUALIFICATIONS ARE SUBJECT TO THE DISCRETION OF THE REGISTERED DESIGN PROFESSIONAL PREPARING THE SCHEDULE.*

Key for Minimum Qualifications of Inspection Agents:

When the Registered Design Professional in Responsible Charge or Special Inspector of Record deems it appropriate that the individual performing a stipulated test or inspection have a specific certification, license or experience as indicated below, such requirement shall be listed below and shall be clearly identified within the schedule under the Agent Qualification Designation.

PE/SE	Structural Engineer – a licensed SE or PE specializing in the design of building structures
PE/GE	Geotechnical Engineer – a licensed PE specializing in soil mechanics and foundations
EIT	Engineer-In-Training – a graduate engineer who has passed the Fundamentals of Engineering examination

Experienced Testing Technician

ETT	Experienced Testing Technician – An Experienced Testing Technician with a minimum 5 years experience with the stipulated test or inspection
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American Concrete Institute (ACI) Certification

ACI-CFTT	Concrete Field Testing Technician – Grade 1
ACI-CCI	Concrete Construction Inspector
ACI-LTT	Laboratory Testing Technician – Grade 1&2
ACI-STT	Strength Testing Technician

American Welding Society (AWS) Certification

AWS-CWI	Certified Welding Inspector
AWS/AISC-SSI	Certified Structural Steel Inspector

American Society of Non-Destructive Testing (ASNT) Certification

ASNT	Non-Destructive Testing Technician – Level II or III.
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International Code Council (ICC) Certification

ICC-SMSI	Structural Masonry Special Inspector
ICC-SWSI	Structural Steel and Welding Special Inspector
ICC-SFSI	Spray-Applied Fireproofing Special Inspector
ICC-PCSI	Prestressed Concrete Special Inspector
ICC-RCSI	Reinforced Concrete Special Inspector

National Institute for Certification in Engineering Technologies (NICET)

NICET-CT	Concrete Technician – Levels I, II, III & IV
NICET-ST	Soils Technician - Levels I, II, III & IV
NICET-GET	Geotechnical Engineering Technician - Levels I, II, III & IV

Other

Project:

Date Prepared:

Structural Schedule of Special Inspections

SOILS & FOUNDATION CONSTRUCTION

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
IBC Section 1704.7, 1704.8, 1704.9						
1. Verify existing soil conditions, fill placement and load bearing requirements						
a. Prior to placement of prepared fill, determine that the site has been prepared in accordance with the approved soils report.		P	IBC 1704.7.1		PE/GE, EIT or ETT	
b. During placement and compaction of fill material, verify material being used and maximum lift thickness comply with the approved soils report.		P	IBC 1704.7.2		PE/GE, EIT or ETT	
c. Test in-place dry density of compacted fill complies with the approved soils report.		p	IBC 1704.7.2		PE/GE, EIT or ETT	
2. Pile foundations:						
a. Observe and record procedures for static load testing of piles.		C	IBC 1704.8		PE/GE, EIT or ETT	
b. Observe and record procedures for dynamic load testing of piles.		C			PE/GE, EIT or ETT	
c. Record installation of each pile and results of load test. Include cutoff and tip elevations of each pile relative to permanent reference.		C			PE/GE, EIT or ETT	
d. Test welded splices of steel piles		C	AWS D1.1		AWS-CWI	
3. Pier foundations: Verify installation of pier foundations for buildings assigned to Seismic Design Category C, D, E or F.		C	IBC 1704.9		PE/GE, EIT or ETT	
a. Verify pier diameter and length		C			PE/GE, EIT or ETT	
b. Verify pier embedment (socket) into bedrock		P			PE/GE, EIT or ETT	
c. Verify suitability of end bearing strata		P			PE/GE, EIT or ETT	

Project:
Date Prepared:

Structural Schedule of Special Inspections

CONCRETE CONSTRUCTION

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
IBC Section 1704.4						
1. Inspection of reinforcing steel, including prestressing tendons, and placement		P	ACI 318: 3.5, 7.1-7.7		PE/SE or EIT	
2. Inspection of reinforcing steel welding in accordance with Table 1704.3, Item 5B			Welding of Reinf Not Allowed		AWS-CWI	
3. Inspect bolts to be installed in concrete prior to and during placement of concrete where allowable loads have been increased		C	IBC 1912.5		PE/SE or EIT	
4. Verifying use of required design mix		P	ACI 318: Ch 4, 5.2-5.4		PE/SE or EIT	
5. At time fresh concrete is sampled to fabricate specimens for strength test, perform slump and air content test and temperature		C	ASTM C 172 ASTM C 31 ACI 318: 5.6, 5.8		ACI-CFTT or ACI-STT	
6. Inspection of concrete and shotcrete placement for proper application techniques -		C	ACI 318: 5.9, 5.10		PE/SE or EIT	
7. Inspection for maintenance of specified curing temperature and techniques		P	ACI 318: 5.11-5.13		PE/SE or EIT	
8. Inspection of Prestressed Concrete						
a. Application of prestressing force.		C	ACI 318: 18.20		PE/SE or EIT	
b. Grouting of bonded prestressing tendons in seismic force resisting system		C	ACI 318: 18.18.4		PE/SE or EIT	
9. Erection of precast concrete members		P	ACI 318: Ch 16		PE/SE or EIT	
10. Verification of in-situ concrete strength, prior to stressing of tendons in post-tensioned concrete and prior to removal of shores and forms beams and structural slabs		P	ACI 318: 6.2		ACI-STT	

Project:
Date Prepared:

Structural Schedule of Special Inspections

MASONRY CONSTRUCTION – LEVEL 1 (NON-ESSENTIAL FACILITY)

VERIFICATION AND INSPECTION IBC Section 1704.5	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. As masonry construction begins, the following shall be verified to ensure compliance:						
a. Proportions of site-prepared mortar.		P	ACI530.1, 2.6A		PE/SE or EIT	
b. Construction of mortar joints.		P	ACI530.1, 3.3B		PE/SE or EIT	
c. Location of reinforcement and connectors.		P	ACI530.1, 3.4, 3.6A		PE/SE or EIT	
d. Prestressing technique.		P	ACI530.1, 3.6B		PE/SE or EIT	
e. Grade and size of prestressing tendons and anchorages.		P	ACI530.1, 2.4B, 2.4H		PE/SE or EIT	
2. The inspection program shall verify:						
a. Size and location of structural elements.		P	ACI530.1, 3.3G		PE/SE or EIT	
b. Type, size and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction.		P	ACI530, 1.2.2(e), 2.1.4, 3.1.6		PE/SE or EIT	
c. Specified size, grade and type of reinforcement.		P	ACI530, 1.1.2, ACI530.1, 2.4, 3.4		PE/SE or EIT	
d. Welding of reinforcing bars.		C	ACI530, 2.1.10.6.2, 3.2.4 (b)		AWS-CWI	
e. Protection of masonry during cold weather (temperature below 40°F) or hot weather (temperature above 90°F).		P	IBC 2104.3, 2104.4; ACI530.1, 1.8C, 1.8D		PE/SE or EIT	
f. Application and measurement of prestressing force.		P	ACI530.1, 3.6B		PE/SE or EIT	
3. Prior to grouting, the following shall be verified to ensure compliance:						
a. Grout space is clean.		P	ACI530.1, 3.2D		PE/SE or EIT	
b. Placement of reinforcement and connectors and prestressing tendons and anchorages.		P	ACI530, 1.1.2, ACI530.1, 3.4		PE/SE or EIT	
c. Proportions of site-prepared grout and prestressing grout for bonded tendons.		P	ACI530.1, 2.6B		PE/SE or EIT	
d. Construction of mortar joints.		P	ACI530.1, 3.3B		PE/SE or EIT	
4. Grout placement shall be verified to ensure compliance with code and construction document provisions.		C	ACI530.1, 3.5		PE/SE or EIT	
a. Grouting of prestressing bonded tendons.		C	ACI530.1, 3.6C		PE/SE or EIT	
5. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed.		C	IBC 2105.2.2, 2105.3; ACI530.1, 1.4		PE/SE or EIT	
6. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.		P	ACI530.1, 1.5		PE/SE or EIT	

Project:
Date Prepared:

Structural Schedule of Special Inspections

MASONRY CONSTRUCTION – LEVEL 2 (ESSENTIAL FACILITY)

VERIFICATION AND INSPECTION IBC Section 1704.5	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. From the beginning of masonry construction, the following shall be verified to ensure compliance:						
a. Proportions of site-mixed mortar, grout and prestressing grout for bonded tendons.		P	ACI530.1, 2.6A		PE/SE or EIT	
b. Placement of masonry units and construction of mortar joints.		P	ACI530.1, 3.3B		PE/SE or EIT	
c. Placement of reinforcement, connectors and prestressing tendons and anchors.		P	ACI530, 1.12; ACI530.1, 3.4, 3.6 A		PE/SE or EIT	
d. Grout space prior to grouting.		C	ACI530.1, 3.2D		PE/SE or EIT	
e. Placement of grout.		C	ACI530.1, 3.5		PE/SE or EIT	
f. Placement of prestressing grout.		C	ACI530.1, 3.6C		PE/SE or EIT	
2. The inspection program shall verify:						
a. Size and location of structural elements.		P	ACI530.1, 3.3G		PE/SE or EIT	
b. Type, size and location of anchors, including other details of anchorage of masonry to structural members, frames or other construction.		C	ACI530, 1.2.2(e), 2.1.4, 3.1.6		PE/SE or EIT	
c. Specified size, grade and type of reinforcement.		P	ACI530, 1.12; ACI530.1, 2.4, 3.4		PE/SE or EIT	
d. Welding of reinforcement.		C	ACI530, 2.1.10.6.2, 3.2.3.4(b);		PE/SE or EIT	
e. Protection of masonry during cold weather and (temperature below 40°F) or hot weather (temperature above 90°F).		P	IBC 2104.3, 2104.4; ACI530.1, 1.8C, 1.8D		PE/SE or EIT	
f. Application and measurement of prestressing force.		C	ACI530.1, 3.6B		PE/SE or EIT	
3. Preparation of any required grout specimens, mortar specimens and/or prisms shall be observed.		C	IBC 2105.2.2, 2105.3; ACI 530.1, 1.4		PE/SE or EIT	
4. Compliance with required inspection provisions of the construction documents and the approved submittals shall be verified.		P	ACI530.1, 1.5		PE/SE or EIT	

Project:

Date Prepared:

Structural Schedule of Special Inspections - STEEL CONSTRUCTION

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
IBC Section 1704.3						
1. Material verification of high-strength bolts, nuts and washers:						
a. Identification markings to conform to ASTM standards specified in the approved construction documents.		S	Applicable ASTM material specifications; AISC 335, Section A3.4; AISC LRFD, Section A3.3		PE/SE or EIT	
b. Manufacturer's certificate of compliance required.		S			PE/SE or EIT	
2. Inspection of high-strength bolting						
a. Bearing-type connections.		P	AISC LRFD Section M2.5		AWS/AISC-SSI	
b. Slip-critical connections.		C or P (method dependent)	IBC Sect 1704.3.3		AWS/AISC-SSI	
3. Material verification of structural steel (IBC Sect 1708.4):						
a. Identification markings to conform to ASTM standards specified in the approved construction documents.		S	ASTM A 6 or ASTM A 568 IBC Sect 1708.4		PE/SE or EIT	
b. Manufacturers' certified mill test reports.		S	ASTM A 6 or ASTM A 568 IBC Sect 1708.4		PE/SE or EIT	
4. Material verification of weld filler materials:						
a. Identification markings to conform to AWS specification in the approved construction documents.		S	AISC, ASD, Section A3.6; AISC LRFD, Section A3.5		PE/SE or EIT	
b. Manufacturer's certificate of compliance required.		S			PE/SE or EIT	
5. Submit current AWS D1.1 welder certificate for all field welders who will be welding on this project.		S	AWS D1.1		PE/SE or EIT	
6. Inspection of welding (IBC 1704.3.1):						
a. Structural steel:						
1) Complete and partial penetration groove welds.		C	AWS D1.1		AWS-CWI	
2) Multipass fillet welds.		C			AWS-CWI	
3) Single-pass fillet welds > 5/16"		C			AWS-CWI	
4) Single-pass fillet welds < 5/16"		P			AWS-CWI	
5) Floor and deck welds.		P	AWS D1.3		AWS-CWI	
b. Reinforcing steel (IBC Sect 1903.5.2):						
1) Verification of weldability of reinforcing steel other than ASTM A706.		C				
2) Reinforcing steel-resisting flexural and axial forces in intermediate and special moment frames, and boundary elements of special reinforced concrete shear walls and shear reinforcement.		C	AWS D1.4 ACI 318: 3.5.2		AWS-CWI	
3) Shear reinforcement.		C			AWS-CWI	
4) Other reinforcing steel.		P			AWS-CWI	
7. Inspection of steel frame joint details for compliance (IBC Sect 1704.3.2) with approved construction documents:						
a. Details such as bracing and stiffening.		P			PE/SE or EIT	
b. Member locations.		P			PE/SE or EIT	
c. Application of joint details at each connection.		P			PE/SE or EIT	

Project:
Date Prepared:

Structural Schedule of Special Inspection Services

FABRICATION AND IMPLEMENTATION PROCEDURES – STRUCTURAL STEEL

VERIFICATION AND INSPECTION IBC Section 1704.2	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. Fabrications Procedures: Review of fabricator's written procedural and quality control manuals and periodic auditing of fabrication practices by an approved special inspection agency. At the completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. -OR- 2. AISC Certification		S	Fabricator shall submit one of the two qualifications		PE/SE or EIT	
3. At completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents.		S	IBC 1704.2.2		PE/SE or EIT	

Project:
Date Prepared:

Structural Schedule of Special Inspection Services

FABRICATION AND IMPLEMENTATION PROCEDURES – WOOD TRUSSES

VERIFICATION AND INSPECTION IBC Section 1704.2	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. Fabrications Procedures: Review of fabricator's written procedural and quality control manuals and periodic auditing of fabrication practices by an approved special inspection agency. At the completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents. -OR- 2. TPI Inspection Program: Fabricator shall participate in the TPI Quality Assurance Inspection Program, and maintain a copy of the Quality Assurance Procedures Manual, QAP-90. Submit copy of certificate. All trusses shall bear the TPI Registered Mark.		S	Fabricator shall submit one of the two qualifications		PE/SE or EIT	
3. At completion of fabrication, the approved fabricator shall submit a certificate of compliance to the building code official stating that the work was performed in accordance with the approved construction documents		S	IBC 1704.2.2		PE/SE or EIT	

Project:
Date Prepared:

Structural Schedule of Special Inspections

WOOD CONSTRUCTION

VERIFICATION AND INSPECTION IBC Section 1704.6	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETED
1. Fabrication of high-load diaphragms						
a. Verify wood structural panel sheathing for grade and thickness		P	IBC 1704.6		PE/SE or EIT	
b. Verify the nominal size of framing members at adjoining panel edges		P	IBC 1704.6		PE/SE or EIT	
b. Verify the nail or staple diameter and length		P	IBC 1704.6		PE/SE or EIT	
b. Verify the number of fastener lines		P	IBC 1704.6		PE/SE or EIT	
b. Verify the spacing between fasteners in each line and at edge margins		P	IBC 1704.6		PE/SE or EIT	
2. Load Tests for Joist Hangers: Provide evidence of manufacturer's load test in accordance with ASTM D1761 including the vertical load bearing capacity, torsional moment capacity, and deflection characteristics when there is no calculated procedure recognized by the code.		S	IBC 1715 [submit ICBO reports]		PE/SE or EIT	

Project:
Date Prepared:

Structural Schedule of Special Inspections

SEISMIC RESISTANCE - STRUCTURAL

VERIFICATION AND INSPECTION	Y/N	EXTENT: CONTINUOUS, PERIODIC, SUBMITTAL, OR NONE	COMMENTS	AGENT	AGENT QUALIFICATION	TASK COMPLETE D
IBC Section 1707						
1. Special inspections for seismic resistance. Special inspection as specified in this section is required for the following:			Seismic Design Category: B			
a. The seismic-force-resisting systems in structures assigned to Seismic Design Category C, D, E or F		P	IBC 1707.1		PE/SE or EIT	
2. Structural steel: Continuous special inspection for structural welding in accordance with AISC 341.		P	IBC 1702.2		AWS-CWI	
3. Structural wood:						
a. Continuous special inspection during field gluing operations of elements of the seismic-force-resisting system.		C	IBC 1702.3		PE/SE or EIT	
b. Periodic special inspections for nailing, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including drag struts, braces and hold-downs		P	IBC 1702.3		PE/SE or EIT	
4. Cold-formed steel framing: Periodic special inspections during welding operations of elements of the seismic-force-resisting system. Periodic special inspections for screw attachment, bolting, anchoring and other fastening of components within the seismic-force-resisting system, including struts, braces, and hold-downs		N				
4. Seismic isolation system. Provide periodic special inspection during the fabrication and installation of isolator units and energy dissipation devices if used as part of the seismic isolation system		N	IBC 1707.8			

Project:
Date Prepared:

Quality Assurance Plan – Seismic and Wind

QUALITY ASSURANCE FOR SEISMIC RESISTANCE CHECK LIST [IBC 1705]

Seismic Design Category

☐ FOR SEISMIC DESIGN CATEGORY C OR HIGHER:

Structural:

- ☐ The seismic-force-resisting systems
- ☐ Steel Braced Frames and associated connections/anchorage
 - ☐ Steel Moment Frames and associated connections
 - ☐ Shear walls: ☐ CMU ☐ Wood ☐ Concrete
 - ☐ Diaphragms: ☐ Floor ☐ Roof
 - ☐ Other:

QUALITY ASSURANCE FOR WIND RESISTANCE CHECK LIST [IBC 1706]

Wind Exposure Category

REQUIRED	NOT REQUIRED	NOT APPLICABLE	QUALITY ASSURANCE PLAN REQUIREMENTS (A Quality Assurance Plan is required where indicated below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In wind exposure Categories A and B, where the 3-second-gust basic wind speed is 120 miles per hour (mph) (52.8 m/sec) or greater.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In wind exposure Categories C and D, where the 3-second-gust basic wind speed is 110 mph (49 m/sec) or greater.

Prepared by:

Building Code Official's Acceptance:

Signature

Date

Signature

Date

Project:
Date Prepared:

Contractor's Statement of Responsibility

Each contractor responsible for the construction or fabrication of a system or component designated in the Quality Assurance Plan must submit a Statement of Responsibility. The Statement of Responsibility is required for Seismic Design Category C or higher. Make additional copies of this form as required.

Project:

Contractor's Name:

Address:

License No.:

Description of designated building systems and components included in the Statement of Responsibility:

Contractor's Acknowledgment of Special Requirements

I hereby acknowledge that I have received, read, and understand the Quality Assurance Plan and Special Inspection program.

I hereby acknowledge that control will be exercised to obtain conformance with the construction documents approved by the Building Official.

Signature

Date

Contractor's Provisions for Quality Control

Procedures for exercising control within the contractor's organization, the method and frequency of reporting and the distribution of reports is attached to this Statement.

Identification and qualifications of the person(s) exercising such control and their position(s) in the organization are attached to this Statement.