



**Town of Reading
Building Inspections Department**

Sign-offs Required to Obtain a Building Permit

Project Location _____

Project Description _____

Zoning District _____

Hours of Construction: No person shall perform any construction within the Town except between the following hours (except that set-up and delivery may take place as early as 6:30 AM):

- 7:00 AM to 8:00 PM on Monday through Friday
- 7:00 AM to 5:00 PM on Saturdays
- None on Sundays and legal holidays

Owner Name _____ Phone No. _____

Owner Address _____

Contractor Name _____ Phone No. _____

Contractor Address _____

Construction Supervisor _____

Email _____ Cell Phone _____ Job Phone _____

Project Manager _____

Email _____ Cell Phone _____ Job Phone _____

Department Approvals Required for Building Permit

Board of Health _____ Date _____

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Dust Control |
| <input type="checkbox"/> Dumpsters | <input type="checkbox"/> Toilets |
| <input type="checkbox"/> Pest Control | |

Conservation _____ Date _____

Town Engineer _____ Date _____

Sewer Water

Electrical (RMLD) _____ Date _____

Fire Department _____ Date _____

Town Planner _____ Date _____

Reading Historical Commission _____ Date _____

West St. Historical District Commission _____ Date _____

Must Be Attached to This Application

- Site Plan Decision
- Zoning Board of Appeals Decision
 - Variance
 - Special Permit
 - Other _____
- Order of Conditions (Conservation)
- Hours of Construction for this Project (must also be posted at worksite)

Preconstruction Requirements

Meeting Date _____

Persons Attending:

