



Town of Reading
16 Lowell Street
Reading, MA 01867

COMMUNITY SERVICES DEPARTMENT
Building Division
Mon - Wed - Thu 7:00 AM – 5:30 PM
Tues 7:00 AM – 7:00 PM ~ Fri Closed
Phone 781-942-6613 ~ Fax 781-942-9071
www.readingma.gov

Request for Occupancy

Address requesting OP: _____

Name: _____

Address: _____

Phone: _____ **Email:** _____

Permit: #: _____ **Name of owner:** _____

Can be occupied as: _____

Documents needed before an inspection can be done (if applicable):

- As-Built Plan if an addition, new dwelling or ZBA Case
- Blower Door Test if a new dwelling
- Air Leakage Test for new HVAC

Signature: _____ **Date:** _____

Card Signatures: **Checked in ViewPermit:** Yes

- Plumbing
- Gas
- Electrical
- Fire Dept
- Conservation
- Planning
- Health
- Engineering

Blower Door Testing

Date of test:

Street Address:

Total conditioned floor area (sq. ft.):

Total conditioned volume (cu. ft.):

Source of area and volume calculations:

Builder _____ Tester _____ Other _____

Tester:	
Signature:	
Builder:	
Builder Contact:	

Measured cfm50: _____
ACH50: _____
Comments: