

**DEPARTMENT APPROVALS**

Conservation \_\_\_\_\_

Public Works \_\_\_\_\_

Fire Department \_\_\_\_\_

Board of Health \_\_\_\_\_



Town of Bedford  
 Building Department  
 10 Mudge Way, Bedford, MA 01730  
 Office: 781-275-7446 Fax: 781-275-1334

**PERMIT APPLICATION FOR  
 ONE AND TWO FAMILY DWELLINGS**

Permit No. \_\_\_\_\_

**OFFICE USE ONLY**

DATE SUBMITTED \_\_\_\_\_

FOUNDATION PERMIT  
 ISSUED \_\_\_\_\_

BUILDING PERMIT  
 ISSUED \_\_\_\_\_

C/O FEE \_\_\_\_\_

FOUNDATION PERMIT  
 FEE \_\_\_\_\_

BUILDING PERMIT  
 FEE \_\_\_\_\_

TOTAL FEE \_\_\_\_\_

Approved by \_\_\_\_\_

**1. OWNER INFORMATION**

Name of Owner \_\_\_\_\_

If Applicable  Partnership  Corporation  Other \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**2. CONTRACTOR INFORMATION**

Licensed Builders Name \_\_\_\_\_

D/B/A/ \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Email address: \_\_\_\_\_

Construction Supervisors License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

H.I.C. Registration No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I, as the licensed builder, will be responsible for all work performed under this permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. SITE INFORMATION**

Property Address \_\_\_\_\_ Zoning District \_\_\_\_\_

One Family  Two Family

Water Supply (MGL c40 s 54) Sewage Disposal

Municipal  Private Well  Municipal  Septic System

**4. ESTIMATED CONSTRUCTION COST**

- |                      |          |
|----------------------|----------|
| 1. Building          | \$ _____ |
| 2. Electrical        | \$ _____ |
| 3. Plumbing/Gas      | \$ _____ |
| 4. Mechanical (HVAC) | \$ _____ |
| 5. Fire Protection   | \$ _____ |
| 6. Total             | \$ _____ |

**5. DESCRIPTION OF WORK**

- New Construction
- Addition to Existing Building or Structure
- Alterations to Existing Building or Structure
- Repairs to Existing Building or Structure
- Demolition of Existing Building or Structure
- Accessory Structure
- Move Existing Building or Structure
- Install Swimming Pool
- Install Stove
- Other \_\_\_\_\_

\*\*If new construction please provide the following information:

Square Footage of Habitable Space \_\_\_\_\_ Total Square Footage \_\_\_\_\_

Describe, in detail, the scope of work being performed \_\_\_\_\_

**6A. OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application. As owner of the above mentioned property, I further acknowledge and accept the Town of Bedford's authority to inspect the work performed by the agent/contractor.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**6B. OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as owner/authorized agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Signature of Owner/Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**7. DEBRIS DISPOSAL AFFIDAVIT**

In accordance with the provisions of MGL Ch. 40 s54, a condition of this Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Ch. 111 s.50A.

The debris from this project will be disposed of in:

Name of Waste Facility \_\_\_\_\_ Address of Waste Facility \_\_\_\_\_

Signature of Permit Applicant \_\_\_\_\_ Date \_\_\_\_\_

**8. HOMEOWNER LICENSE EXEMPTION**

Job Location: \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner: \_\_\_\_\_  
Name Home Phone No. Work Phone No.

Definition of Homeowner - Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.

Massachusetts State Building Code, 780 CMR 8th Edition - 110.R5.1.3.1

Any Homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 110.R5 (Licensing of Construction Supervisors); provided that if a Homeowner engages a person(s) for hire to do such work, that such Homeowner shall act as supervisor. This exception shall not apply to the field erection of manufactured building constructed pursuant to 780 CMR 110.R3

It shall be the responsibility of the registered contractor to obtain all permits necessary for work covered by the Home Improvement Contractor Registration Law, M.G.L.c.142A. An owner who secures his or her own permits for such shall be excluded from the quaranty fund provisions as defined in M.G.L.c.142c.

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations. The undersigned "homeowner" certifies that he/she understands the Town of Bedford Inspectional Services minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

Homeowner's Signature: \_\_\_\_\_ Approval of Building Official: \_\_\_\_\_

[Large empty rectangular area for signature or stamp]

**9.. SUBCONTRACTORS' COMPENSATION INSURANCE AFFIDAVIT FOR SOLE PROPIETOR**

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Work Performed: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_



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**CODE ENFORCEMENT DEPARTMENT**

Christopher R. Laskey  
*Inspector of Buildings*  
*Director of Code Enforcement*

Town Hall  
10 Mudge Way  
Bedford, MA 01730-2144  
Phone 781-275-7446  
Fax 781-275-1334

**MEMORANDUM**

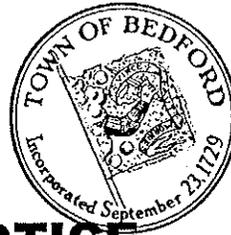
**ATTENTION CONTRACTOR'S and HOMEOWNERS**

Effective immediately all *proposed and as-built* certified plot plans for new residential construction will be required to show the following additional information ~ *Top of Foundation Elevation, Top of Basement Floor Elevation, Existing Grade and Proposed Finished Grade at Foundation (at least four (4) points) and Lowest Elevation of Existing Grade at each property line.*

Section 5401.3 of the MA Building Code, 780 CMR states, in part “*Temporary and finished grading shall be such that surface water runoff, either during or after construction, shall not be directed to, nor create flooding or damage to adjacent property.*”

In an effort to determine if new residential construction projects will impact adjacent properties, this information will allow the Building Official to see if there will be potential adverse affects to adjacent properties due to slope of land and finished grades. If the Building Official determines that it is likely that the adjacent property will be adversely affected by surface water runoff due to the proposed construction then a registered design professional will be required to provide a stamped detail of a proposed solution so as to comply with s.5401.3.

The Building Official will make the final determination as to compliance with s.5401.3. Failure to comply will result in delayed issuance of the building permit to install the foundation and/or build the dwelling.



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## **IMPORTANT NOTICE**

Please make sure the building permit application is filled out in its entirety up to and including signatures of all parties involved.

### **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

The following additional paperwork will be required for *most* building permit applications:

- **THREE (3) SETS of PLANS**
- **CERTIFIED SCALED PLOT PLAN (if applicable) IDENTIFYING ZONING DISTRICT, FLOOD HAZARD INFORMATION, WETLANDS, AND STRUCTURE'S COMPLIANCE WITH DIMENSIONAL SETBACK REQUIREMENTS OF THE ZONING BY-LAW OF THE TOWN OF BEDFORD WHEN CONSTRUCTED.**
- **COPY of SIGNED CONTRACT**
- **LICENSE and INSURANCE INFORMATION**

*Additional information on these requirements is found below:*

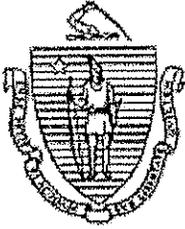
- **THREE (3) SETS of PLANS** to scale showing scope of work to be performed. In most cases you will need floor plans identifying the use of each room/space, framing plans showing structural members and spans and elevation plans. Depending on the scope of work additional information may be required at the discretion of the building official. *If using steel or engineered lumber then you will be required to provide design calculations from the appropriate professional.*
- If you are building a new house, addition, detached accessory structure, swimming pool and/or deck then you will need a **CERTIFIED SCALED PLOT PLAN** showing the location of the new structure(s) to scale (i.e. 1"= 40', 1"= 20', etc.) and how close the new structure(s) are to all property lines. This will allow the zoning enforcement

officer to determine if the new structure(s) comply with the zoning bylaws.

- Copy of **SIGNED CONTRACT** to verify compliance with Home Improvement Contractor (HIC) requirements. All home improvement contractors registered with the State and who are entering into an agreement with homeowners for work exceeding \$1000 (one thousand dollars) **MUST** have a written contract. A list identifying the 14 items required to be found in such contracts can be found at: <http://www.mass.gov/?pageID=eopsterminal&L=4&L0=Home&L1=Consumer+Protection+%26+Business+Licensing&L2=L+license+Type+by+Business+Area&L3=Home+Improvement+Contractor&sid=Eeops&b=terminalcontent&f=dps+bbrs+hic+registration+program&csid=Eeops>
- Contractor's **LICENSE and INSURANCE** information. In addition to the written information provided in the building permit application, the contractor is required to provide a copy of his/her valid Construction Supervisor's License (CSL), HIC Registration and proof of Worker's Comp. Insurance (if applicable). If the homeowner is acting as the general contractor but is hiring sub-contractors to perform work (i.e. framer, electrician, plumber, etc.) then the homeowner shall provide insurance information of all sub-contractors with the application (*see section 9, page 4 of application*).

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Christopher R. Laskey  
*Inspector of Buildings*  
*Code Enforcement Director*



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).** Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: _____	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector	
6. Other _____	
Contact Person: _____	Phone #: _____



# ENERGY STAR Qualified Homes Thermal Bypass Inspection Checklist

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Thermal Bypass	Inspection Guidelines	Corrections Needed	Builder Verified	Rater Verified	N/A
1. Overall Air Barrier and Thermal Barrier Alignment	<b>Requirements:</b> Insulation shall be installed in full contact with sealed interior and exterior air barrier except for alternate to interior air barrier under item no. 2 ( <i>Walls Adjoining Exterior Walls or Unconditioned Spaces</i> )				
	<b>All Climate Zones:</b>				
	1.1 Overall Alignment Throughout Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.2 Garage Band Joist Air Barrier (at bays adjoining conditioned space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.3 Attic Eave Baffles Where Vents/Leakage Exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Only at Climate Zones 4 and Higher:</b>				
	1.4 Slab-edge Insulation (A maximum of 25% of the slab edge may be uninsulated in Climate Zones 4 and 5.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Best Practices Encouraged, Not Req'd.:</b>				
2. Walls Adjoining Exterior Walls or Unconditioned Spaces	<b>Requirements:</b> <ul style="list-style-type: none"> <li>Fully insulated wall aligned with air barrier at both interior and exterior, OR</li> <li>Alternate for <b>Climate Zones 1 thru 3</b>, sealed exterior air barrier aligned with RESNET Grade 1 insulation fully supported</li> <li>Continuous top and bottom plates or sealed blocking</li> </ul>				
	2.1 Wall Behind Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2 Wall Behind Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3 Insulated Attic Slopes/Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4 Attic Knee Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.5 Skylight Shaft Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.6 Wall Adjoining Porch Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.7 Staircase Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Double Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Floors between Conditioned and Exterior Spaces	<b>Requirements:</b> <ul style="list-style-type: none"> <li>Air barrier is installed at any exposed fibrous insulation edges</li> <li>Insulation is installed to maintain permanent contact with sub-floor above including necessary supports (e.g., staves for blankets, netting for blown-in)</li> <li>Blanket insulation is verified to have no gaps, voids or compression.</li> <li>Blown-in insulation is verified to have proper density with firm packing</li> </ul>				
	3.1 Insulated Floor Above Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2 Cantilevered Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Shafts	<b>Requirements:</b> Openings to unconditioned space are fully sealed with solid blocking or flashing and any remaining gaps are sealed with caulk or foam (provide fire-rated collars and caulking where required)				
	4.1 Duct Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2 Piping Shaft/Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attic/ Ceiling Interface	4.3 Flue Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Requirements:</b> <ul style="list-style-type: none"> <li>All attic penetrations and dropped ceilings include a full interior air barrier aligned with insulation with any gaps fully sealed with caulk, foam or tape</li> <li>Movable insulation fits snugly in opening and air barrier is fully gasketed</li> </ul>				
	5.1 Attic Access Panel (fully gasketed and insulated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.2 Attic Drop-down Stair (fully gasketed and insulated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.3 Dropped Ceiling/Soffit (full air barrier aligned with insulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.4 Recessed Lighting Fixtures (ICAT labeled and sealed to drywall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Whole-house Fan (insulated cover gasketed to the opening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Common Walls Between Dwelling Units	<b>Requirements:</b> Gap between drywall shaft wall (i.e., common wall) and the structural framing between units is fully sealed at all exterior boundary conditions				
	6.1 Common Wall Between Dwelling Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Energy Rating Provider: \_\_\_\_\_ Rater Inspection Date: \_\_\_\_\_ Builder Inspection Date: \_\_\_\_\_  
 Home Energy Rater Company Name: \_\_\_\_\_ Builder Company Name: \_\_\_\_\_  
 Home Energy Rater Signature: \_\_\_\_\_ Builder Employee Signature: \_\_\_\_\_



# ENERGY STAR Qualified Homes Thermal Bypass Inspection Checklist

The Thermal Bypass Inspection Checklist must be completed for homes to earn the ENERGY STAR label. The Checklist requires visual inspection of framing areas where air barriers are commonly missed and inspection of insulation to ensure proper alignment with air barriers, thus serving as an extra check that the air and thermal barriers are continuous and complete. State, local, and regional codes, as well as regional ENERGY STAR program requirements, supersede the items specified in this Checklist.

## Guidance on Completing the Thermal Bypass Inspection Checklist:

1. Accredited HERS Providers and certified home energy raters shall use their experience and discretion in verifying that each Inspection Checklist item is installed per the inspection guidelines (e.g., identifying minor defects that the Provider or rater deems acceptable versus identifying major defects that undermine the intent of the Checklist item).
2. Alternative methods of meeting the Checklist requirements may be used in completing the Checklist, if the Provider deems them to be equivalent, or more stringent, than the Inspection Checklist guidelines.
3. In the event an item on the Checklist cannot be verified by the rater, the home cannot be qualified as ENERGY STAR, unless the builder assumes responsibility for verifying that the item has met the requirements of the Checklist. This option is available at the discretion of the Provider or rater but may not be used to verify more than six (6) items on the Inspection Checklist. This responsibility will be formally acknowledged by the builder signing-off on the Checklist for the item(s) that they verified. The column titled "N/A" should be used when the checklist item is not present in the home or when local code requirements take precedent.
4. The Checklist may be completed for a batch of homes using a RESNET-approved sampling protocol when qualifying homes as ENERGY STAR. For example, if the approved sampling protocol requires rating one in seven homes, then the Checklist will be completed for the one home which was rated.
5. In the event that a Provider or rater finds an item that is inconsistent with the Checklist Inspection guidelines, the home cannot be qualified as ENERGY STAR until the item is corrected in a manner that meets the ENERGY STAR requirements. If correction of the item is not possible, the home cannot earn the ENERGY STAR label.
6. The Provider or rater is required to keep a hard copy record of the completed and signed Checklist. The signature of a builder employee is also required if the builder verified compliance with any item on the Checklist.
7. For purposes of this Checklist, an air barrier is defined as any solid material that blocks air flow between a conditioned space and an unconditioned space, including necessary sealing to block excessive air flow at edges and seams. Additional information on proper air sealing of thermal bypasses can be found on the Building America Web site ([www.eere.energy.gov/buildings/building\\_america](http://www.eere.energy.gov/buildings/building_america)) and in the EEBA Builder's Guides ([www.eeba.org](http://www.eeba.org)). These references include guidance on identifying and sealing air barriers, as well as details on many of the items included in the Checklist.