



TOWN OF WAYLAND
MASSACHUSETTS

BUILDING DEPARTMENT

41 Cochituate Road; Wayland, MA 01778

DECLARED STATE OF HEALTH EMERGENCY

REQUEST FOR INSPECTION: INTERIOR ACCESS TO RESIDENCE

As the permit holder I am requesting an inspection for:

Address _____

NAME OF PERMIT HOLDER: _____

TYPE OF INSPECTION: _____

Please complete the following worksheet in order to help inform the INSPECTOR whether this Residence may be inspected under the current Inspection Protocol.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you or anyone in this work area and household currently ill or had contact with a known or suspected case of COVID-19 or an undiagnosed respiratory illness in the last 14 days. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Both the access to the work area and the work area will be cleaned and vacant for the Inspector during the inspection. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All occupants of the residence and all workers on site will be following current PPE/Health protocols; including but not limited to social distancing, while the Inspector is on site. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. As the permit holder I have informed all parties on site of these conditions and that I will be responsible to oversee the Inspector's access and presence while performing this requested inspection. | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the information provided above is true and correct and request to schedule and inspection at the next available date and time.

Signature: _____ Date: _____