

City of Boston
Inspectional Services Department
1010 Massachusetts Avenue
Boston, MA 02118
(617) 635-5300 - (617) 635-5360FAX

Exterior Wall Inspection Report

Location _____ Ward _____
Owner _____
Address _____

Contact _____
Phone () _____ FAX () _____

Height of Building _____ Stories above grade _____
Construction type: 1A ___ 1B ___ 2A ___ 2B ___ 2C ___ 3A ___ 3B ___ 4 ___
Principal occupancy of building _____

Material of facade: Masonry (Bearing) _____ Masonry Veneer _____
Cast-in-Place _____ Pre-cast Panels _____
Curtain Wall _____
Appurtenances: Cornice _____ Parapet _____ Fire Escapes _____
Other (describe) _____

Description of conditions: (attach copy of consultant's field report)

Remedial work required: YES ___ NO ___
Emergency repairs required: YES ___ NO ___

Architect/Engineer _____ Reg. No. _____
Firm Name _____
Address _____
