



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

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 Façade: 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: _____

Architectural
Or
Engineer
Stamp Here