



Town of Seekonk Massachusetts Building Department

SHAWN E. CADIME
TOWN ADMINISTRATOR

JEFF MELLO
BUILDING INSPECTOR

Affidavit for Completed Insulation & Weatherization Work

Date _____

Contractor Name _____

Building Permit # _____

The work located at _____ has been completed in accordance with
(project address)

all current MA Building Codes and Regulations.

The job has been inspected by Mass Save or other program _____
(Program Name)

YES NO

CSL Holder Name _____

Signature _____

This completed & signed document must be uploaded as an attachment to the Building Permit to close out the project.