



**The Commonwealth of Massachusetts**  
**Town of Ludlow**  
**Department of Inspectional Services**  
 488 Chapin Street, Room 300, Ludlow, MA 01056 – (413) 583-5600 x1210

**AFFIDAVIT**

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

To: Commissioner of Department of Codes and Inspections

I certify that I have inspected the (please check all that apply):

- FIRE ESCAPE;       EXTERIOR;       EXTERIOR BRIDGE;       EGRESS;
- CONNECTED BALCONIES;       EXTERIOR STAIRWAY

LOCATED AT \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

To the best of my knowledge, information and belief, I certify the applicable locations noted above for structural adequacy and safety. This egress component is in conformity with the provisions of the Massachusetts State Building Code, 780 CMR 1001.3.2

\_\_\_\_\_  
 Registered Professional Engineer or Architect      Registration Number

\_\_\_\_\_  
 Licensed Fire Escape Installer      License Number and Type  
 (or other approved by Building Official)

\_\_\_\_\_  
 Address      Phone Number



COMMONWEALTH OF MASSACHUSETTS  
 COUNTY OF \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_

And made oath that the above Statement by him/her is true:

Before me: \_\_\_\_\_ Date: \_\_\_\_\_

My commission Expires on \_\_\_\_\_ NOTARY \_\_\_\_\_