



City of Gardner Building Department
Division of Inspectional Services
115 Pleasant St. Room 101, Gardner, MA 01440
Phone: 978-630-4007, Fax: 978-632-3313
www.gardner-ma.gov

Knob & Tube Report for the City of Gardner Required Supplement Form for all Insulation Permits

Project Address _____ Year Built _____

As the holder of Ma .License # _____ Type _____ (CSL,Electrical)

I, _____ under the pains of perjury as witnessed by my signature at the end of this document declare the following to be true in reference to the project address above.

No knob and tube wiring exists

Knob and Tube wiring exists and will be removed in a permitted manner

Knob and Tube exists and has been certified dead

Knob and tube appears active and those bays and areas in which it appears are noted in the diagram on the reverse of this document and those bays will not be insulated. (On the back of this form, when applicable, sketch a diagram starting with the street side as side A and continuing in a clockwise direction side B, C, etc. and note the bays affected dimensionally.)

The undersigned, Having read and filled out this form and understanding the responsibility I am accepting do so freely of my own will.

Signature

Date