



# The Commonwealth of Massachusetts

## Department of Public Safety

Massachusetts State Building Code (780 CMR)

### Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

#### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

#### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 2)

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

#### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

#### SECTION 5: USE GROUP (Check as applicable)

**A: Assembly** A-1  A-2  Nightclub  A-3  A-4  A-5  **B: Business**  **E: Educational**

**F: Factory** F-1  F2  **H: High Hazard** H-1  H-2  H-3  H-4  H-5

**I: Institutional** I-1  I-2  I-3  I-4  **M: Mercantile**  **R: Residential** R-1  R-2  R-3  R-4

**S: Storage** S-1  S-2  **U: Utility**  **Special Use**  and please describe below:

Special Use Description: \_\_\_\_\_

#### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

**IA**  **IB**  **IIA**  **IIB**  **IIIA**  **IIIB**  **IV**  **VA**  **VB**

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name/Title (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Signature \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**If applicable, the property owner hereby authorizes:**

\_\_\_\_\_ Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)**

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here**  .

Otherwise provide [construction control forms](#) (see section 107 in the code) as required.

**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

**10.2 General Contractor**

Company Name \_\_\_\_\_

Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? **Yes**  **No**

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	Total Construction Cost (from Item 6) = \$ _____  Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)  Enclose check payable to _____ (contact municipality) and write check number here _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_ Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_ Email Address \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

# Appendix

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix .....is to be submitted with the building permit application.

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

### Checklist for Construction Documents\*

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

## Registered Professional Contact Information

_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Discipline	_____ Expiration Date		
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Discipline	_____ Expiration Date		
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Discipline	_____ Expiration Date		

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

The Applicant shall be responsible for obtaining these signatures

Police Department (**\*Required if New Address**) Initials \_\_\_\_\_

Waste Water (**\*Required If abutting Municipal Sewer**) Initials \_\_\_\_\_

Water District (**\*Required If abutting Municipal Water Line**) Initials \_\_\_\_\_

Fire Department Initials \_\_\_\_\_

**\*These initials may not be required. If you have a question, please ask the Building Department.**

The Building Department shall obtain the rest...

Assessors Initials \_\_\_\_\_

Tax Collector Initials \_\_\_\_\_

Conservation Initials \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Department Initials \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Building Code Initials \_\_\_\_\_

Zoning Initials \_\_\_\_\_

DCPC Initials \_\_\_\_\_

Floodplain Initials \_\_\_\_\_

Selectmen Initials \_\_\_\_\_

Planning Initials \_\_\_\_\_

The Bldg./Zoning Clerk shall obtain the rest...

ZBA Initials \_\_\_\_\_

CCHDC Initials \_\_\_\_\_

Copeland Initials \_\_\_\_\_

Campground Initials \_\_\_\_\_

OBHC Initials \_\_\_\_\_