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

<table>
<thead>
<tr>
<th>Building Permit Number:</th>
<th>Date Applied:</th>
<th>Building Official:</th>
</tr>
</thead>
</table>

SECTION 1: LOCATION

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City / Town</th>
<th>Zip Code</th>
<th>Name of Building (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessors Map #</td>
<td>Block # and/or Lot #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No. of Floors/Stories (include basement levels) &amp; Area Per Floor (sq. ft.)</th>
<th>Existing</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Area (sq. ft.) and Total Height (ft.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 5: USE GROUP (Check as applicable)

- 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)

- Water Supply: [ ] Pubic  
- Private [ ]
- Flood Zone Information:  
- Check if outside Flood Zone [ ]  
- or Identify Zone:
- Sewage Disposal:  
- Indicate municipal [ ]  
- or on site system [ ]
- Trench Permit:  
- A trench will not be required [ ]  
- or trench permit is enclosed [ ]
- Debris Removal:  
- Licensed Disposal Site [ ]  
- or specify:

- Railroad right-of-way:  
- Not Applicable [ ]  
- or Consent to Build enclosed [ ]
- Hazards to Air Navigation:  
- Is Structure within airport approach area? Yes [ ]  or No [ ]
- MA Historic Commission Review Process:  
- Is their review completed? Yes [ ]  No [ ]

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 (Print)                      No. and Street                      City/Town                      Zip

Property Owner Contact Information:

Title                              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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Total Construction Cost (from Item 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Mechanical (Other)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6. Total Cost</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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 _______

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 1

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.

Checklist for Construction Documents*

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

*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

<table>
<thead>
<tr>
<th>Name (Registrant)</th>
<th>Telephone No.</th>
<th>e-mail address</th>
<th>Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>State Zip</td>
<td>Discipline Expiration Date</td>
</tr>
</tbody>
</table>

Please follow this link for construction control forms to be used by Registered Design Professionals.
Appendix 2
(For total demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City /Town</th>
<th>Zip</th>
<th>Name of Building (if applicable)</th>
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<tr>
<td>Assessors Map #</td>
<td>Block # and/or Lot #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the above described property the following action was taken:

- Water Shut Off? Yes □ No □ Provider notified and Release obtained? Yes □ No □
- Gas Shut Off? Yes □ No □ Provider notified and Release obtained? Yes □ No □
- Electricity Shut Off? Yes □ No □ Provider notified and Release obtained? Yes □ No □
- Other (if applicable) Yes □ No □ Provider notified and Release obtained? Yes □ No □

Other (if applicable)