



The Commonwealth of Massachusetts

Office of Public Safety and Inspections

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)

| | | | | |
|---|--|--|---|--|
| Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/> | Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____ | Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/> | Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/> | Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____ |
|---|--|--|---|--|

| | | |
|---|--|--|
| Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/> | Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/> | MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

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 | 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 _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____

Contact Person: _____ Phone #: _____

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*

| 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) | | | |

*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.

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

| | | | |
|-----------------|----------------------|-----|----------------------------------|
| No. and Street | City /Town | Zip | Name of Building (if applicable) |
| Assessors Map # | Block # and/or Lot # | | |

For the above described property the following action was taken:

| | | | |
|-----------------------|--|---|--|
| Water Shut Off? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gas Shut Off? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Electricity Shut Off? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other (if applicable) | | | |
| _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Other (if applicable) | |