



# 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 (Please indicate Block # and Lot # for locations for which a street address is not available)

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

#### 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 1)

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: \_\_\_\_\_

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

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

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

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

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_  
Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

**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 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 2)**

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here † and skip Section 10.1)

**10.1 Registered Professional Responsible for Construction Control**

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)	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 _____
1. Building	\$ _____	
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 \_\_\_\_\_

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

## Appendix 2

**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 for this. 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. Work started prior to approval may be subjected to *triple the original permit fee.*

### Registered Professional Contact Information

_____ <b>Name (Registrant)</b>	_____ Telephone No.	_____ <b>e-mail address</b>	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ <b>Name (Registrant)</b>	_____ Telephone No.	_____ <b>e-mail address</b>	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ <b>Name (Registrant)</b>	_____ Telephone No.	_____ <b>e-mail address</b>	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip

DEBRIS DISPOSAL CERTIFICATE

RESTRICTIONS ON THE ISSUANCE OF BUILDING PERMITS  
MGL c. 40, S 54, Added by c. 584, S 9 of the Acts of 1987

Every city or town shall require, as a condition of the issuing of a building permit or license for the demolition, renovation, rehabilitation, or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation, or alteration be disposed of in a properly licensed waste disposal facility as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris is to be disposed. If for any reason the debris will not be disposed of as indicated the permittee or licensee shall notify the issuing authority as to the location where the debris will be disposed. The licensing authority shall amend the permit or license to so indicate.

Note: THIS REQUIREMENT DOES NOT APPLY TO NEW CONSTRUCTION

AFFIDAVIT

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

\_\_\_\_\_  
PROPERTY ADDRESS

The debris will be disposed of in: \_\_\_\_\_

LOCATION OF FACILITY

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

In case of municipal, commercial, industrial, multi-unit housing construction, the contractor may not know the dumpster subcontractor at the time of building permit application. In such cases, the attached AFFIDAVIT can be used.

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit number \_\_\_\_\_ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by \_\_\_\_\_ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

\_\_\_\_\_  
PROPERTY ADDRESS

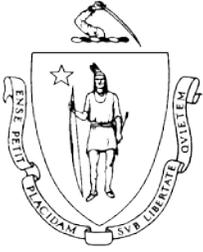
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Name of Permit Applicant

\_\_\_\_\_  
Firm Name, if any

\_\_\_\_\_  
Address



# Phase Construction Control Document

To be submitted at completion of required site reviews of phase construction  
for work per the 8<sup>th</sup> edition of the  
Massachusetts State Building Code, 780 CMR, Section 107.6.2.2

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

I, \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
am a *registered design professional* and I hereby certify that I or my designee have inspected the following work, and I  
certify that the work has been performed in a manner consistent with the approved plans and specifications for the  
following phase of construction as indicated:

Required Site Review and Documentation for Phase Construction <sup>1,6</sup> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	R	Site Review and Documentation	R
Soil condition and analysis		Energy efficiency	
Footing and Foundation , including Reinforcement and Foundation attachment		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Components			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume )			
Mechanical Systems			

1.

Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below .

2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

**Work Description<sup>a</sup>:**

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a. Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

Enter in the space to the right a “wet” or electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Building Official Use Only	
Building Official Name: _____	Date: _____



# Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8<sup>th</sup> Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

<b>Required Inspections to be performed by the Building Official <sup>1,6</sup></b>			
Inspection	R	Inspection	R
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System <sup>2</sup>	
Concrete Slab/Under Floor		Carbon Monoxide System <sup>4</sup>	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump <sup>3</sup>	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage		Final inspection	
All Means of Egress Componenets		<b>All items listed in this table</b>	
<b>Required Site Review and Documentation for Phased Construction <sup>1,6,7</sup></b> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	R	Site Review and Documentation	R
Soil condition/analysis/report		Energy efficiency	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componenets		Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume )			
Mechanical Systems		<b>All items listed in this table</b>	

1. The inspections indicated (x) are required by the building official. It is the responsibility of the permit applicant to request these inspections.

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

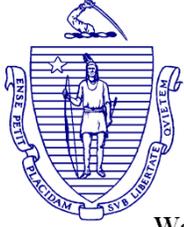
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) \_\_\_\_\_ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals.

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature or type name if electronic signature

Building Official Use Only

Building Official Name: \_\_\_\_\_ Date: \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4.  I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5.  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. ‡
6.  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.]

**Type of project (required):**

7.  New construction
8.  Remodeling
9.  Demolition
10.  Building addition
11.  Electrical repairs or additions
12.  Plumbing repairs or additions
13.  Roof repairs
14.  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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 (circle one):**

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BUILDING PERMIT CLEARANCE FORM**

**Owner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

*For Official Use Only*

Assessors' Map # \_\_\_\_\_ Parcel # \_\_\_\_\_ Land Area \_\_\_\_\_ FF \_\_\_\_\_

New Lot – Y / N      Effective FY \_\_\_\_\_ Split From – Map# \_\_\_\_\_ Parcel # \_\_\_\_\_

Prior to the issuance of any Permit/License, the applicant for said Permit/License must obtain sign-offs from the following Departments as applicable:

**Assessor** \_\_\_\_\_ Date \_\_\_\_\_  
978-465-8242

**Treasurer / Collector** \_\_\_\_\_ Date \_\_\_\_\_  
978-465-0331

DPW \_\_\_\_\_ Date \_\_\_\_\_  
978-463-0656

Water Department \_\_\_\_\_ Date \_\_\_\_\_  
978-463-0656

Sewer Department \_\_\_\_\_ Date \_\_\_\_\_  
978-465-1430

Conservation Commission \_\_\_\_\_ Date \_\_\_\_\_  
978-499-0358

Health Department \_\_\_\_\_ Date \_\_\_\_\_  
978-462-3430

Fire Department \_\_\_\_\_ Date \_\_\_\_\_  
978-462-3631

Planning Department \_\_\_\_\_ Date \_\_\_\_\_  
978-463-2266

Note Roofing, Siding, Door / Window Installations, Solid Fuel Burning Appliances and work minor in nature will require the following signoffs: Assessor and Treasurer / Collector.