



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/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 identify 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: _____
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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
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Property Owner Contact Information:

Title	Telephone No. (business)	Telephone No. (cell)	e-mail address
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If applicable, the property owner hereby authorizes:

Name	Street Address	City/Town	State	Zip
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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
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Street Address	City/Town	State	Zip
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Telephone No. (business)	Telephone No. (cell)	e-mail address
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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) = \$_____
1. Building	\$_____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$_____.
2. Electrical	\$_____	
3. Plumbing	\$_____	Note: Minimum fee = \$_____ (contact municipality)
4. Mechanical (HVAC)	\$_____	
5. Mechanical (Other)	\$_____	
6. Total Cost	\$_____	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.
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Street Address	City/Town	State	Zip	Email Address
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Municipal Inspector to fill out this section upon application approval: _____

Name _____ Date _____