



The Commonwealth of Massachusetts
State Board of Building Regulations and
Standards
Massachusetts State Building Code

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY
BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____
Building Commissioner/Inspector of Buildings Date

SECTION 1 - SITE INFORMATION

1.1 Property Address

1.2 Assessors Map & Parcel Number:

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sf) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.6 Water Supply (M.G.L. c. 40, § 54)
Public ☐ Private ☐

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone ☐

1.8 Sewage Disposal System:
Municipal ☐ On site disposal system ☐

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) _____

Address: _____

Signature _____

Telephone _____

2.2 Authorized Agent:

Name (Print) _____

Address: _____

Signature _____

Telephone _____

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor: _____

Address _____

Signature _____

Telephone _____

Not Applicable ☐

License Number _____

Expiration Date _____

3.2 Registered Home Improvement Contractor:

Company Name _____

Address _____

Signature _____

Telephone _____

Not Applicable ☐

Registration Number _____

Expiration Date _____

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes....☐No.....☐**SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)****5.1 Registered Architect:**

Name (Registrant):

Address

Signature

Telephone

Not Applicable ☐

Registration Number

Expiration Date

5.2 Registered Professional Engineer(s):

Name

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

5.3 General Contractor

Company Name:

Responsible In Charge of Construction

Address

Signature

Telephone

Not Applicable ☐

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work:

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)						CONSTRUCTION TYPE	
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A	<input type="checkbox"/>	
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B	<input type="checkbox"/>	
					2A	<input type="checkbox"/>	
B Business	<input type="checkbox"/>				2B	<input type="checkbox"/>	
E Educational	<input type="checkbox"/>				2C	<input type="checkbox"/>	
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		3A	<input type="checkbox"/>	
H High Hazard	<input type="checkbox"/>				3B	<input type="checkbox"/>	
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	4	<input type="checkbox"/>	
M Mercantile	<input type="checkbox"/>				5A	<input type="checkbox"/>	
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5B	<input type="checkbox"/>	
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>				
U Utility	<input type="checkbox"/>	Specify: _____					
M Mixed Use	<input type="checkbox"/>	Specify: _____					
S Special Use	<input type="checkbox"/>	Specify: _____					

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 34): _____	Proposed Hazard Index 780 CMR 34): _____

SECTION 8 BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required	Yes. <input type="checkbox"/> ... No. <input type="checkbox"/>
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SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property	
hereby authorize _____ to act on my behalf	
all matters relative to work authorized by this building permit application.	
Signature of Owner	Date

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner/Agent _____

Date _____

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	