



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

1.2 Assessors Map & Parcel Numbers

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.3 Zoning Information:

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

1.4 Property Dimensions:

Lot Area (sq ft) \_\_\_\_\_ 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?  
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

2.1 Owner<sup>1</sup> of Record:

Name (Print) \_\_\_\_\_

Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐  
Demolition ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4: ESTIMATED CONSTRUCTION COSTS

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only  |
|----------------------------------|---|--|
| 1. Building                      | \$  | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> Standard City/Town Application Fee<br><input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____<br>2. Other Fees: \$ _____<br>List: _____<br>Total All Fees: \$ _____<br>Check No. _____ Check Amount: _____ Cash Amount: _____<br><input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____ |
| 2. Electrical                    | \$  |  |
| 3. Plumbing                      | \$  |  |
| 4. Mechanical (HVAC)             | \$  |  |
| 5. Mechanical (Fire Suppression) | \$  |  |
| 6. Total Project Cost:           | \$  |  |

**SECTION 5: CONSTRUCTION SERVICES****5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

| Type | Description   |
|------|---|
| U    | Unrestricted (up to 35,000 Cu. Ft.)                   |
| R    | Restricted 1&2 Family Dwelling                        |
| M    | Masonry Only  |
| RC   | Residential Roofing Covering                          |
| WS   | Residential Window and Siding                         |
| SF   | Residential Solid Fuel Burning Appliance Installation |
| D    | Residential Demolition                                |

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**SECTION 6: 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 will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ..... ☐ No ..... ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent  
(Signed under the pains and penalties of perjury) \_\_\_\_\_

Date \_\_\_\_\_

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

|                                   |  |
|-----------------------------------|--|
| Total floors area (Sq. Ft.) _____ | (including garage, finished basement/attics, decks or porch) |
| Gross living area (Sq. Ft.) _____ | Habitable room count _____                                   |
| Number of fireplaces _____        | Number of bedrooms _____                                     |
| Number of bathrooms _____         | Number of half/baths _____                                   |
| Type of heating system _____      | Number of decks/ porches _____                               |
| Type of cooling system _____      | Enclosed _____ Open _____                                    |

3. "Total Project Square Footage" may be substituted for "Total Project Cost"