

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

THE MASSACHUSETTS STATE BUILDING CODE

 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p>	<p>FOR MUNICIPALITY USE</p>
<p>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING</p>	

This Section For Official Use Only	
Building Permit Number: _____	Date Issued: _____
Signature: _____	
Building Commissioner/Inspector of Buildings	Date

SECTION 1 - SITE INFORMATION					
<p>1.1 Property Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>		<p>1.2 Assessors Map & Parcel Number:</p> <p>_____</p> <p style="text-align: center;">Map Number Parcel Number</p>			
<p>1.3 Zoning Information:</p> <p>_____</p> <p style="text-align: center;">Zoning District Proposed Use</p>		<p>1.4 Property Dimensions:</p> <p>_____</p> <p style="text-align: center;">Lot Area (sf) Frontage (ft)</p>			
1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
<p>1.6 Water Supply (M.G.L. c. 40, § 54)</p> <p>Public <input type="checkbox"/> Private <input type="checkbox"/></p>		<p>1.7 Flood Zone Information:</p> <p>Zone: _____ Outside Flood Zone <input type="checkbox"/></p>		<p>1.8 Sewage Disposal System:</p> <p>Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/></p>	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT	
<p>2.1 Owner of Record:</p> <p>_____</p> <p>Name (Print) Address: _____</p> <p>Signature Telephone: _____</p>	
<p>2.2 Authorized Agent:</p> <p>_____</p> <p>Name (Print) Address: _____</p> <p>Signature Telephone: _____</p>	

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

APPENDIX B

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE	
3.1 Licensed Construction Supervisor:	Not Applicable ✍
_____	_____
Licensed Construction Supervisor:	License Number
_____	_____
Address	Expiration Date
_____	_____
Signature _____ Telephone _____	_____
3.2 Registered Home Improvement Contractor:	Not Applicable ✍
_____	_____
Company Name	Registration Number
_____	_____
Address	Expiration Date
_____	_____
Signature _____ Telephone _____	_____

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 will 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):	Not Applicable ✍
_____	_____
Address	Registration Number
_____	_____
Signature _____ Telephone _____	Expiration Date
_____	_____

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

THE MASSACHUSETTS STATE BUILDING CODE

5.2 Registered Professional Engineer(s):	
<hr/> Name	<hr/> Area of Responsibility
<hr/> Address	<hr/> Registration Number
<hr/> Signature	<hr/> Expiration Date
<hr/> Telephone	<hr/>
<hr/> Name	<hr/> Area of Responsibility
<hr/> Address	<hr/> Registration Number
<hr/> Signature	<hr/> Expiration Date
<hr/> Telephone	<hr/>
<hr/> Name	<hr/> Area of Responsibility
<hr/> Address	<hr/> Registration Number
<hr/> Signature	<hr/> Expiration Date
<hr/> Telephone	<hr/>
<hr/> Name	<hr/> Area of Responsibility
<hr/> Address	<hr/> Registration Number
<hr/> Signature	<hr/> Expiration Date
<hr/> Telephone	<hr/>
5.3 General Contractor	
<hr/> Company Name:	Not Applicable <input checked="" type="checkbox"/>
<hr/> Responsible In Charge of Construction	
<hr/> Address	
<hr/> Signature	
<hr/> Telephone	

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

APPENDIX B

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"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Addition <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"/>
B Business	<input type="checkbox"/>				2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>				2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>				3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>				4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B	<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): _____		

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

THE MASSACHUSETTS STATE BUILDING CODE

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.....✍ No.....✍

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, in 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

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

APPENDIX B

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	