

## BUILDING PERMIT REVIEW

DEPENDING ON THE SCOPE OF WORK, YOUR APPLICATION MAY REQUIRE REVIEW BY OTHER DEPARTMENTS. THE REVIEW PROCESS WILL BE COMPLETED WITHIN **THIRTY DAYS** FROM THE DATE THE PERMIT APPLICATION IS RECEIVED. **PLEASE DO NOT CALL THE BUILDING DEPARTMENT** REGARDING THE STATUS OF YOUR APPLICATION DURING THIS REVIEW PROCESS. WE WILL CONTACT YOU WHEN YOUR PERMIT IS READY OR FURTHER INFORMATION IS NEEDED.

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

NAME OF APPLICANT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

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*DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY*

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BUILDING DEPT \_\_\_\_\_

BOARD OF HEALTH \_\_\_\_\_

CONSERVATION COMMISSION \_\_\_\_\_

PLANNING BOARD \_\_\_\_\_

ZBA \_\_\_\_\_

DPW/WATER/SEWER \_\_\_\_\_

FLOOD PLAIN \_\_\_\_\_

SUB IMP \_\_\_\_\_

DEPARTMENT HEADS - PLEASE USE THE CONTACT INFORMATION ABOVE AND CONTACT THE APPLICANT DIRECTLY IF YOUR DEPARTMENT REQUIRES ADDITIONAL ACTION OR INFORMATION FROM THE APPLICANT FOR YOUR APPROVAL



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 \_\_\_\_\_

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

**SECTION 5: CONSTRUCTION SERVICES**

<p><b>5.1 Licensed Construction Supervisor (CSL)</b></p> <p>_____</p> <p>Name of CSL- Holder _____</p> <p>Address _____</p> <p>Signature _____</p> <p>Telephone _____</p>	<p>License Number _____ Expiration Date _____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	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
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<p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name _____</p> <p>Address _____</p> <p>Signature _____ Telephone _____</p>	<p>_____</p> <p>Registration Number _____</p> <p>_____</p> <p>Expiration Date _____</p>
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**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 \_\_\_\_\_ Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**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"



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

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

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

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

Are you an employer? Check the appropriate box:

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

Type of project (required):

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: \_\_\_\_\_

**ENERGY CONSERVATION APPLICATION FORM FOR ENERGY EFFICIENCY FOR ONE- AND TWO-FAMILY DETACHED RESIDENTIAL CONSTRUCTION (780 CMR 61.00)**

Applicant Name: \_\_\_\_\_ Site Address: \_\_\_\_\_  
print Town: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**NEW CONSTRUCTION: (choose ONE of the following two options)**

**780 CMR TABLE 6107.1  
 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA FOR  
 NEW ONE- AND TWO-FAMILY BUILDINGS**

<input type="checkbox"/> Option 1:	MAXIMUM	MINIMUM							
	Fenestration U-factor	Ceiling or exposed floors R-Value	Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab Perimeter R-Value and Depth	AFUE	HSPF	SEER
	.35	R-38	R-19	R-19	R-10	R-10, 4 ft.	National Appliance Energy Conservation Act (NAECA) of 1987 as amended, minimums or greater as applicable		

Option 2: Note: This form is not required if you choose either of the two versions of REScheck as listed below.

REScheck Version 4.1.2 or later variant software analysis must be completed (780 CMR 6107.3.2)

REScheck-Web which can be accessed at <http://www.energycodes.gov/rescheck/>

**ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD\***

\*Buildings under 5 years old must use option #1 or #2 in New Construction section above.

Complete the following formula to determine the % of glazing:

(a) Gross Wall & Ceiling Area equals \_\_\_\_\_ SF

(b) Glazing area equals \_\_\_\_\_ SF

Formula:  $(100 \times b \div a)$

$100 \times \frac{\quad}{b} \div \frac{\quad}{a} = \quad \% \text{ of glazing}$

If glazing is  $\leq 40\%$  use the chart below. If glazing is  $> 40\%$  proceed to "SUNROOM" section

**780 CMR TABLE 6101.3  
 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING  
 LOW-RISE RESIDENTIAL BUILDINGS**

<input type="checkbox"/>	MAXIMUM	MINIMUM				
	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet

a R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed over exterior walls, and including any access openings).

**SUNROOM** – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition.  
 Note: Owner to fill out *Consumer Information Form* (found in Appendix 120.P)