

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 (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____

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 1)

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: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply:

Public

Private

Flood Zone Information:

Check if outside Flood Zone
or identify Zone: _____

Sewage Disposal:

Indicate municipal
or on site system

Trench Permit:

A trench will not be
required or trench
permit is enclosed

Debris Removal:

Licensed Disposal Site
or specify: _____

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:

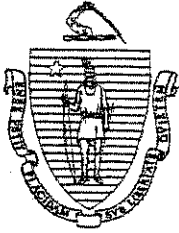
Is their review completed?

Yes No

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____

Does the building contain an Sprinkler System?: _____ Special Stipulations: _____



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 a 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 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 their workers' comp. policy information.

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 #: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) _____ No. and Street _____ City/Town _____ Zip _____

Property Owner Contact Information:

Title _____ Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

If applicable, the property owner hereby authorizes

Name _____ Street Address _____ City/Town _____ State _____ Zip _____
to 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 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

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 _____

Street Address _____ City/Town _____ State Zip _____

Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

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)	
1. Building	\$ _____	Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

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. _____ Date _____

Street Address _____ City/Town _____ State Zip _____

Municipal Inspector to fill out this section upon application approval: _____
Name _____ Date _____

REQUIRED CHECKLIST FOR APPLICATION

- Building permit application Residential Commercial
- 2 Sets of plans for building or structure (one plan 11"x17")
- Plot plan showing location of building or structure to lot lines (certified if required by building inspector). If located in flood plain, must have certified elevations from certified land surveyor.
- Sewer department approval or approved septic plan from Board of Health

Signature - Sewer Dept. or Board of Health

- Sewer betterment fees paid
- Well quantity report or Aquarion Water Approval letter _____
Signature – Board of Health or Aquarion letter
- Driveway Permit from the DPW Director required for new and/or altered driveways

Signature – Department of Public Works

- Smoke Detector Permit from the Fire Department
- Recorded copies of Variances or Special Permits granted by the Planning Board or Board of Appeals, if applicable
- Planning Department Approval _____

Signature – Town Planner

- Conservation Commission Order of Conditions, if applicable

Signature – Conservation Commission

- Earth Removal Board Approval, if removing greater than 500 cubic yards of material

Signature – Earth Removal Board

- I certify that I am not removing greater than 500 cubic yards of material

Signature - Applicant

- Massachusetts worker's compensation insurance affidavit
- Certificate of disposal compliance form – Board of Health approved haulers only
- Copy of Certificate of Insurance from Insurance Company: Certificate Holder to be Town of Millbury
- Copy of contract signed by owner and H.I.C. holder
- Copy of Construction Supervisor License
- Copy of Home Improvement Contractor Registration
- New Construction requires a HERS rater review (Millbury is a Stretch Energy Code Community)(2015 IECC)
- Massachusetts Energy Compliance Report (RES check IECC 2015)
- All monies due to the town must be paid _____

Signature – Treasurer/Collector

- Copy of Board of Assessor's Field Record Card
- Engineer Stamp _____
- Construction Control Affidavits
- IEBC – investigation & evaluation (Ch. 34) existing Building Code
- NFPA 241 Documentation
- Uplift Calculations
- Braced wall analysis and plans (lines, method, solution)
- Structural assessment letter with Registered Design Professional seal and signature
- HVAC – Manual J Manual S Manual D Plans
- Other _____

Certificate of Disposal Compliance

As a result of the provisions of MGL c40, s54, I acknowledge that as a condition of securing a building permit all debris resulting from the construction of activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111, s150a.

I certify that in accordance with the provisions of MGL c40, s54 the debris resulting from this work shall be disposed of in:

(Location of Facility)

of Applicant

Name

Name, if any

Firm

Address

Telephone

Dump receipts should be retained and should be made available in requested by building department.