



# The Commonwealth of Massachusetts

Office of Public Safety and Inspections  
Massachusetts State Building Code (780 CMR)

## Building Permit Application

to Construct, Repair, Renovate or Demolish a Building

Other than a One- or Two-Family Dwelling

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### Requirements for Building Permits

Permit requirements are specified in Chapter 1 of the MA State Building Code. Applicants should review the requirements to avoid common problems. The standard form below incorporates the code requirements and is provided for use by municipalities to achieve permit consistency across the State. Municipalities may use a variant of this form but it must contain at least the same information. Please contact the municipality where the work will be done for the proper form or follow the instructions below if this standard form is acceptable.

### Filing Instructions

- Complete the application. The application is available in Word or PDF format so check to see what is acceptable to the local building official.
- Include construction documents, specifications, and other materials required.
- Check if the local municipality requires confirmation that property taxes, water fees, etc. are not outstanding.
- Also, check if the local building official requires construction control forms (see section 107 in the building code) with this application.
- Submit the application package with a check made payable to the municipality for the fee as determined by the municipality.



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## 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

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

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

### 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 2)

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 Description: \_\_\_\_\_

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_  
Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**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 apply for and 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 1)**

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here**  .

Otherwise provide [construction control forms](#) (see section 107 in the code) as required.

**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

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 \_\_\_\_\_ Email Address \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

### Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

**Appendix 2**  
**(For total demolition only)**

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other (if applicable)	