

**“Other Than” One & Two Family Dwelling Building Permit
Application**

This application is for the construction, repair, renovation, change the use or occupancy of, or demolition of any building **OTHER THAN** a One or Two Family Dwelling.

When submitting this form you must:
Submit **three** completed copies in this format only.
No other format will be accepted.



The Commonwealth of Massachusetts
State Board of Building Regulations and
Standards
Massachusetts State Building Code

FOR MUNICIPALITY USE

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY
BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____
Building Commissioner/Inspector of Buildings Date

SECTION 1 - SITE INFORMATION

1.1 Property Address

1.2 Assessors Map & Parcel Number:

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sf) _____ 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, § 5A)
Public Private

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone

1.8 Sewage Disposal System:
Municipal On site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) _____ Address: _____
Signature _____ Telephone _____

2.2 Authorized Agent:

Name (Print) _____ Address: _____
Signature _____ Telephone _____

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor: _____
Address _____
Signature _____ Telephone _____

Not Applicable

License Number _____

Expiration Date _____

3.2 Registered Home Improvement Contractor:

Company Name _____
Address _____
Signature _____ Telephone _____

Not Applicable

Registration Number _____

Expiration Date _____

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 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): _____ Address _____ Signature _____ Telephone _____ | Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____ |
|--|---|

5.2 Registered Professional Engineer(s):

| | |
|--|---|
| Name _____ Address _____ Signature _____ Telephone _____ | Area of Responsibility _____ Registration Number _____ Expiration Date _____ |
| Name _____ Address _____ Signature _____ Telephone _____ | Area of Responsibility _____ Registration Number _____ Expiration Date _____ |
| Name _____ Address _____ Signature _____ Telephone _____ | Area of Responsibility _____ Registration Number _____ Expiration Date _____ |
| Name _____ Address _____ Signature _____ Telephone _____ | Area of Responsibility _____ Registration Number _____ Expiration Date _____ |

5.3 General Contractor

| | |
|---|---|
| Company Name: _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____ | Not Applicable <input type="checkbox"/> |
|---|---|

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)

| | | | | |
|---|--|---|--|-----------------------------------|
| New Construction <input type="checkbox"/> | Existing Building <input type="checkbox"/> | Repairs <input type="checkbox"/> | Alteration(s) <input type="checkbox"/> | Addition <input type="checkbox"/> |
| Accessory Bldg. <input type="checkbox"/> | Demolition <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"/> | A-4 <input type="checkbox"/> | A-5 <input type="checkbox"/> | A-6 <input type="checkbox"/> | 1A <input type="checkbox"/> | 1B <input type="checkbox"/> | |
| B Business | <input type="checkbox"/> | | | | | | | 2A <input type="checkbox"/> | 2B <input type="checkbox"/> | |
| E Educational | <input type="checkbox"/> | | | | | | | 2C <input type="checkbox"/> | | |
| F Factory | <input type="checkbox"/> | F-1 <input type="checkbox"/> | F-2 <input type="checkbox"/> | | | | | 3A <input type="checkbox"/> | 3B <input type="checkbox"/> | |
| H High Hazard | <input type="checkbox"/> | | | | | | | 4 <input type="checkbox"/> | | |
| I Institutional | <input type="checkbox"/> | I-1 <input type="checkbox"/> | I-2 <input type="checkbox"/> | I-3 <input type="checkbox"/> | | | | | 5A <input type="checkbox"/> | 5B <input type="checkbox"/> |
| M Mercantile | <input type="checkbox"/> | | | | | | | | | |
| R Residential | <input type="checkbox"/> | R-1 <input type="checkbox"/> | R-2 <input type="checkbox"/> | R-3 <input type="checkbox"/> | | | | | | |
| S Storage | <input type="checkbox"/> | S-1 <input type="checkbox"/> | S-2 <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): _____ |

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 <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

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 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 _____

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only | |
|--------------------------------|--|---|--|
| | | (a) Building Permit Fee Multiplier | |
| 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 | |