The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

FOR MUNICIPALITY USE
Revised January 1, 2008

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____ _____
Building Commissioner/ Inspector of Buildings Date

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[1]

2.1 Owner[1] of Record:
_____ _____
Name (Print) Address for Service:
_____ _____
Signature Telephone

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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[2]:_____
_____
_____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Fire Suppression)	$
6. **Total Project Cost**:	$

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1. Building Permit Fee: $_____ Indicate how fee is determined:
☐ Standard City/Town Application Fee
☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
2. Other Fees: $_____
List:_____
_____
Total All Fees: $_____
Check No. _____ Check Amount: _____ Cash Amount:_____
☐ Paid in Full ☐ Outstanding Balance Due:_____

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder

Address

Signature

Telephone

License Number Expiration Date

List CSL Type (see below) _____

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

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Signature Telephone

Registration Number

Expiration Date

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[1] 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"