

3.2 Registered Home Improvement Contractor:		Not Applicable <input type="checkbox"/>
Company Name _____		Registration Number _____
Address _____		Expiration Date _____
Signature _____	Telephone _____	

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c.152, S 25c(6))

Workers Compensation 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 5 - PROFESSIONAL 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): _____		Not Applicable <input type="checkbox"/>
Address _____		Registration Number _____
Signature _____		Expiration Date _____
Telephone _____		

5.2 Registered Professional Engineer(s):

Name _____		Not Applicable <input type="checkbox"/>
Address _____		Area of Responsibility _____
Signature _____		Registration Number _____
		Expiration Date _____

Name _____		Not Applicable <input type="checkbox"/>
Address _____		Area of Responsibility _____
Signature _____		Registration Number _____
		Expiration Date _____

Name _____		Not Applicable <input type="checkbox"/>
Address _____		Area of Responsibility _____
Signature _____		Registration Number _____
		Expiration Date _____

Name _____		Not Applicable <input type="checkbox"/>
Address _____		Area of Responsibility _____
Signature _____		Registration Number _____
		Expiration Date _____

Name _____		Not Applicable <input type="checkbox"/>
Address _____		Area of Responsibility _____
Signature _____		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"/>	Alterations <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Work _____ _____ _____				

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE Automatic Sprinkler System Provided Yes No

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"/>	IA	<input type="checkbox"/>
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		IB	<input type="checkbox"/>
B Business	<input type="checkbox"/>				IIA	<input type="checkbox"/>
E Educational	<input type="checkbox"/>				IIB	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			
H High Hazard	<input type="checkbox"/>				IIIA	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>		IIIB	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>				IV	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	VA	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		VB	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____				
M Mixed Use	<input type="checkbox"/>	Specify: _____				
S Special Use	<input type="checkbox"/>	Specify: _____				

SECTION 8 - 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)

International Existing Building Code Section 104.2.1.1 Building Evaluation. If Existing Building Undergoing Renovations, Additions, and / or Change of Use The code official is authorized to require an existing building to be investigated and evaluated by a registered design professional in accordance with in the 2009 International Existing Building Code.

SECTION 9 - 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 10 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural peer Review Required Yes..... No.....

SECTION 10a Structural Engineer of Record: (780 CMR 1705)

Name _____

Address _____

City _____ State _____ Zip _____

Section 10b (780 CMR 1705.3.1)

SER must submit a program of structural tests and inspections in accordance with 780 CMR 1705.3.1

Program submitted Yes No N/A

SECTION 11a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

To be filled out by property owner or authorize agent

I, _____ as owner of subject

Property hereby authorize _____

to act on my behalf, in all matters relative to work authorized by this building permit application

Signature of Owner/Agent _____

Date _____

SECTION 11b - OWNER/AUTHORIZE AGENT DECLARATION

(Contractor or Authorized Agent pulling Permit)

I, _____ as Owner/Authorize Agent hereby declare that all statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains of penalties of perjury.

Print Name _____

Signature of Owner/Agent _____

Date _____

SECTION 12 - ESTIMATED CONSTRUCTION COST

Item	Cost	For Official Use Only	Amount
1. Building		(a) Building Permit Fee	
2. Electrical		Estimated Cost (Dollars) to be completed by permit applicant	
3. Plumbing		Building Permit Fees (a)+(b)	
4. Mechanical (HVAC)		Check Number	
5. Fire Protection			
Total= 1+2+3+4+5			

Fee: _____ Permit # _____ Date Issued _____

Approved _____ Date _____
(Building Official)