APPLICANT: FILL IN ALL NON-SHADED INFORMATION-PLEASE PRINT

The Commonwealth of Massachusetts
State Building Board of Regulations and Standards
Massachusetts State Building Code
780 CMR 8th edition

TOWN OF GRAFTON
Building Department
30 Providence Road
Tel: 508 839-5335 X 190
Fax: 508 839-4602

APPLICATION TO CONSTRUCT, RENOVATE, CHANGE OF 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 Lot/Parcel Number

1.3 Zoning Information:

_____ _____
Zoning District Proposed Use

1.4 Property Dimensions:

_____ _____
Lot Area (sf) Frontage (lf)

1.6 Building Setbacks (l.f.)

Front Yard		Side Yards (R/L)		Rear Yard	
Required	***Provided***	**Required**	***Provided***	**Required**	***Provided***
		/	/		

1.7 Water Supply (M.G.L. c. 40 s 54)
Public ☐ Private ☐

1.8 Flood Zone Information
Zone: Outside Flood Zone ☐

1.9 Sewage Disposal Information
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

3.1 License Construction Supervisor:

_____

_____
Address

_____ _____
Signature Telephone

Not Applicable ☐

_____
License Number

_____
Expiration Date

3.2 Registered Home Improvement Contractor:	Not Applicable ☐
Company Name Address Signature Telephone	Registration Number Expiration Date

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): Address Signature Telephone	Not Applicable ☐ Registration Number Expiration Date

5.2 Registered Professional Engineer(s):

Name Address Signature	Not Applicable ☐ Area of Responsibility Registration Number Expiration Date
Name Address Signature	Not Applicable ☐ Area of Responsibility Registration Number Expiration Date
Name Address Signature	Not Applicable ☐ Area of Responsibility Registration Number Expiration Date
Name Address Signature	Not Applicable ☐ Area of Responsibility Registration Number Expiration Date
Name Address Signature	Not Applicable ☐ Area of Responsibility Registration Number Expiration Date

5.3 GENERAL CONTRACTOR	
_____ Company Name _____ Responsible In Charge of Construction _____ Address _____ _____ Signature Telephone	Not Applicable ☐

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

New Construction ☐	Existing Building ☐	Repairs ☐	Alterations ☐	Addition ☐
Accessory Bldg. ☐	Demolition ☐	Other ☐ Specify:		

Brief Description of Work _____

_____

_____

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)					CONSTRUCTION TYPE	
A Assembly	☐	A-1 ☐ A-4 ☐	A-2 ☐ A-5 ☐	A-3 ☐	IA IB	☐ ☐
B Business E Educational F Factory	☐ ☐ ☐	F-1 ☐	F-2 ☐		IIA IIB	☐ ☐
H High Hazard I Institutional	☐ ☐	I-1 ☐	I-2 ☐		IIIA IIIB	☐ ☐
M Mercantile	☐				IV	☐
R Residential S Storage	☐ ☐	R-1 ☐ S-1 ☐	R-2 ☐ S-2 ☐	R-3 ☐	VA VB	☐ ☐
U Utility	☐	Specify:				
M Mixed Use	☐	Specify: _____				
S Special Use	☐	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	$0.00	(a) Building Permit Fee	
2. Electrical	$0.00	Estimated Cost (Dollars) to be completed by permit applicant	
3. Plumbing	$0.00	Building Permit Fees (a)+(b)	
4. Mechanical (HVAC)	$0.00	Check Number	
5. Fire Protection	$0.00		
Total= 1+2+3+4+5	$0.00		

Fee:_____ Permit #_____ Date Issued_____

Approved _____ Date_____
(Building Official)