



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

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 (Please indicate Block # and Lot # for locations for which a street address is not available)

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

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 1)

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: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

| | | | | |
|---|--|--|---|--|
| Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/> | Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____ | Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/> | Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/> | Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____ |
|---|--|--|---|--|

| | | |
|---|--|--|
| Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/> | Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/> | MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

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 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 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here** and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

| | | | |
|-------------------------|---------------------|-----------------------|--|
| _____ 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) | 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 Town of Mendon (contact municipality) and write check number here _____ |
|-----------------------|--|---|
| 1. Building | \$ _____ | |
| 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 _____

Municipal Inspector to fill out this section upon application approval: _____ Name _____ Date _____

Appendix 1

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 (Please indicate Block # and Lot # for locations for which a street address is not available)

| | | | |
|----------------|------------|-------|----------------------------------|
| _____ | _____ | _____ | _____ |
| No. and Street | City /Town | Zip | Name of Building (if applicable) |

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) | | Other (if applicable) | |
| _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Appendix 2

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 for this. 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. Work started prior to approval may be subjected to *triple the original permit fee.*

Registered Professional Contact Information

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