



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

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____
Assessors Map # _____ Block # and/or Lot # _____

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 2)

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 ☐ F-2 ☐ 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 Description: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 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 identify 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: _____

Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

Design Occupant Load per Floor and Assembly space: _____

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 apply for and 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 1)**If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐.Otherwise provide construction control forms (see section 107 in the code) as required.**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

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) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ (contact municipality)
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here _____

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 Email Address

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

Name

Date

Appendix 1

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. 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.

Registered Professional Contact Information

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

Please follow [this link](#) for construction control forms to be used by Registered Design Professionals.

Appendix 2
(For total demolition only)

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

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

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)					
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Other (if applicable)		



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

GEORGETOWN BUILDING INSPECTION DEPARTMENT

1 Library Street, Georgetown, Massachusetts 01833
tel. (978) 352-5736 Fax. (978) 352-5725



SOLID WASTE DISPOSAL AFFIDAVIT

In accordance with the provisions of MGL c 40§54, a condition of this building permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL C 111, §150A. The debris will be disposed of in:

Name and Locations of facility/ Dumpster Company

Signature of Applicant

Date

*****On-site dumpsters require a permit issued by the Georgetown Board of Health***

Required Approvals as Determined (Prior to Submission to Building Inspector)

BOARD OF ASSESSORS
978-352-5708

Location _____ Signed _____
MAP _____ LOT _____ Date _____

TAX COLLECTOR
978-352-5770

Signed _____ Date _____

PLANNING BOARD
978-352-57013

Lot Release _____ Signed: _____
Approval Not Required Plan _____
Special Permit _____ Date: _____
Site Plan Review _____

BOARD OF HEALTH
978-352-5720

Septic _____ Signed: _____
Well _____ Date: _____
Asbestos _____
Keeping of Animals _____

**CONSERVATION
COMMISSION**
978-352-5712

Site Walk _____ Signed: _____
Under Juris _____ Date: _____
D&A _____
D&C _____

FIRE DEPARTMENT
978-352-5757

Alarms _____ Signed _____
Suppression _____ Date: _____
Burners _____
Hydrant/Water Supply _____
Storage _____

WATER DEPT
978-352-5750
1 Moulton St

Water Service _____ Signed: _____
Date: _____

HIGHWAY DEPARTMENT
978-352-5704
203 East Main St

Driveway Approval _____ Signed: _____
Curb Cut _____ Date: _____

ELECTRIC LIGHT DEPT
978-352-5730
94 Searle St

Signed: _____
Date: _____

SPECIAL APPROVALS

**ZONING BOARD
OF APPEALS**
978-352-5742

Special Permit _____ Decision #: _____
Variance _____ Signed _____
Site Plan Review _____ Date _____

Upon completion, application must be submitted with plans, fees and any other necessary information to the Building Inspector for his review. This process may take up to 30 days. (Massachusetts State Building Code, Sec. 114.0 and 114.1, Permits and Action on Applications.)

CONTRACTORS

THE FOLLOWING ARE REQUIRED TO APPLY FOR A BUILDING PERMIT:

1. Certificate of Liability from your insurance company
2. A Certificate of Workman's Compensation from your insurance company
3. Copies of your builders license – Home Improvement Contractor (H.I.C) and Construction Supervisor License (C.S.L.)
4. A copy of the work contract, detailing payment schedule (deposit not to exceed 1/3 of total estimate) signed by H.I.C. holder and property owner
5. Solid waste disposal affidavit