The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application to Construct, Repair, Renovate or Demolish any Building other than a One- or Two-Family Dwelling

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Code and Other Requirements for Building Permits

The Department of Public Safety has issued these building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application, that no outstanding property taxes, water fees, etc. exist.

Filing Instructions

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the local city or town where the work will be done.

2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.

3. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the local city or town where the work will be done.

TOWN OF NORTON
BUILDING DEPARTMENT

70 EAST MAIN STREET, NORTON MA. 02766

PHONE: 508-285-0290 ~ FAX: 508-285-0295

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

Map:_____ 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 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:_____

_____

_____

** **DEPARTMENTAL APPROVAL** **

Fire Department:	Conservation Dept:
Board of Health:	Other:

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:	**Flood Zone Information:**	**Sewage Disposal:**	**Trench Permit:**	**Debris Removal:**
Public ☐ Private ☐	Check if outside Flood Zone ☐ or indentify Zone:_____	Indicate municipal ☐ or on site system ☐	A trench will not be required ☐ or trench permit is enclosed ☐	Licensed Disposal Site ☐ or specify:_____ _____

Railroad right-of-way:	**Hazards to Air Navigation:**	MA Historic Commission Review Process**:**
Not Applicable ☐ or Consent to Build enclosed ☐	Is Structure within airport approach area? Yes ☐ or No ☐	Is their review completed? Yes ☐ No ☐

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 Telephone No. / Cell #

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

____-____-_____ _____-_____-_____ _____

Telephone No. (business) Telephone No. (cell)

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)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Other	$
6. Total Cost	$

Official Use Only

☐ Standard City/Town Application Fee $_____

Other:_____

_____X _____=_____

_____X_____ =_____

Building Permit Fee: $_____

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

Permit Issued To:_____

_____

_____

_____

_____

Inspector:

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 ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Gas Shut Off?	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Electricity Shut Off?	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
_____	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Other (if applicable)			
_____	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
		Other (if applicable)	

Water Resource Protection District ? Yes [ ] No [ ]

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*

		Mark "x" where applicable		
No.	**Item**	**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 _____ _____ _____ _____ Street Address City/Town State Zip	_____ Registration Number _____ _____ Discipline Expiration Date
_____ ____-_____-_____ _____ Name (Registrant) Telephone No. e-mail address _____ _____ _____ _____ Street Address City/Town State Zip	_____ Registration Number _____ _____ Discipline Expiration Date
_____ ____-_____-_____ _____ Name (Registrant) Telephone No. e-mail address _____ _____ _____ _____ Street Address City/Town State Zip	_____ Registration Number _____ _____ Discipline Expiration Date