



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
*Revised Mar 2011*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

**1.2 Assessors Map & Parcel Numbers**

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.3 Zoning Information:**

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

**1.4 Property Dimensions:**

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

| Front Yard |          | Side Yards |          | Rear Yard |          |
|------------|----------|------------|----------|-----------|----------|
| Required   | Provided | Required   | Provided | Required  | Provided |
|            |          |            |          |           |          |

**1.6 Water Supply:** (M.G.L c. 40, §54)

Public ☐ Private ☐

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes ☐

**1.8 Sewage Disposal System:**

Municipal ☐ On site disposal system ☐

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐  
Demolition ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Building                      | \$ _____                                  | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> Standard City/Town Application Fee<br><input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____<br>2. Other Fees: \$ _____<br>List: _____<br>Total All Fees: \$ _____<br>Check No. _____ Check Amount: _____ Cash Amount: _____<br><input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____ |
| 2. Electrical                    | \$ _____                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. Plumbing                      | \$ _____                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4. Mechanical (HVAC)             | \$ _____                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Mechanical (Fire Suppression) | \$ _____                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. Total Project Cost:           | \$ _____                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## SECTION 5: CONSTRUCTION SERVICES

### 5.1 Construction Supervisor License (CSL)

Name of CSL Holder \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

| Type | Description                                   |
|------|-----------------------------------------------|
| U    | Unrestricted (Buildings up to 35,000 cu. ft.) |
| R    | Restricted 1&2 Family Dwelling                |
| M    | Masonry                                       |
| RC   | Roofing Covering                              |
| WS   | Window and Siding                             |
| SF   | Solid Fuel Burning Appliances                 |
| I    | Insulation                                    |
| D    | Demolition                                    |

### 5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

HIC Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Email address \_\_\_\_\_

## SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Workers Compensation Insurance 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize \_\_\_\_\_  
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) \_\_\_\_\_

Date \_\_\_\_\_

### SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) \_\_\_\_\_

Date \_\_\_\_\_

#### NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

2. When substantial work is planned, provide the information below:

|                                   |                                                              |
|-----------------------------------|--------------------------------------------------------------|
| Total floor area (sq. ft.) _____  | (including garage, finished basement/attics, decks or porch) |
| Gross living area (sq. ft.) _____ | Habitable room count _____                                   |
| Number of fireplaces _____        | Number of bedrooms _____                                     |
| Number of bathrooms _____         | Number of half/baths _____                                   |
| Type of heating system _____      | Number of decks/ porches _____                               |
| Type of cooling system _____      | Enclosed _____ Open _____                                    |

3. "Total Project Square Footage" may be substituted for "Total Project Cost"