

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

| | | | - 17 | | | | | | | | _ | |
|--|---|------------|----------------------|---------------------|------------------|-----------|--|--|-------------|------------------|--|--------------------|
| TWO (2) SETS OF PLANS ARE NEEDED WITH THIS APPLICATION SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a state of the plans is also needed - email ksaunders@ci.reading.ma.us TO EXPEDITE TO E | | | | | RE REQU | IRED | | 9 | | | | |
| SECTION 1: L | OCATION (Ple | ease indi | cate Bloc | k # and | Lot # fe | or locat | ions for | which a s | treet add | ress is no | t avai | lable) |
| | | | | | | je. | 14 | | Soles. | | A CONTRACTOR OF THE PARTY OF TH | . A |
| No. and Street | · City | /Town | | | Zip Coc | le | | Nam | e of Build | ing (if ap | plịcab | le) |
| | | * | | | PROPO | | | | | 1.42 | * | н * и |
| Edition of MA State Code used If New Construction check here \square or check all that apply in the two rows below | | | | | | | | | | | | |
| Existing Building | | Alteration | on 🛘 | Addit | ion 🗆 | Demo | olition | (Please | fill out an | dsubmit | Appe | ndix 1) |
| | Change of Use | | | | | | | | | | | |
| Are building plans a Is an Independent S Brief Description of | Structural Engin | eering Pe | uments b er Revie | oeing su w requi | pplied a red? | s part o | of this pe | rmit appl | ication? | Yes 🗆 Yes 🗆 | No I | |
| | | | | | A | O.A | Wall St | Service Control of the Control of th | | | | |
| | | | | ALIE TO | | W. | A | | ài . | | | |
| \ | | | | Alle | A | 4 | The state of the s | | | | | |
| SECTION 3: CC | | | CHAN | GE IN | USE OR | OCCL | JPANCY | 1.0 | - | rion, ai | DDITI | ON, OR |
| Check here if an Ex | isting Building | Investig | ation an | d Evalu | ation is | enclose | d (See 78 | 30 CMR 34 | 4) 🗆 | | | |
| Existing Use Group | | | A. | AND THE | . 1 | F | roposed | Use Grou | ıp(s): | | | |
| | | SEC | CTION 4 | : BUILI | DING H | EIGH | CAND A | REA | 10 | | | |
| 0.5 | Existing Proposed | | | | | | oosed | | | | | |
| No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.) | | | | | | | | | | | | |
| Total Area (sq. ft.) a | and Total Heigh | t (ft.) | 1 | | | | | | | | | |
| W. | a - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | SEC | TION 5 | : USE G | ROUP | (Check | as appli | cable) | | - X | 4_ | 1 Wood () |
| A: Assembly A-1 [| □ A-2 □ Nig | htclub 🗆 | A-3 [| | | -5 🗆 | | : Busine | | | | ational □ H-5 □ |
| F: Factory | F2 🗆 | | | gh Haza | | H-1 | | H-2 🗆 | H-3 🗆 | H-4 R-2 F | | R-4 🗆 |
| I: Institutional I-1 | |]_I-4 [] | | ercantile | e 🗆 | | | dential | | | | N-4 C |
| S: Storage \$-1 \[\square\$ | S-2 0 | | U: Uti | lity □ | | | Special | Use 🗀 an | d please d | lescribe b | CIOW. | |
| Special Use: | 100 | | | YOURD TIE | WIT ON I | F3/D17 // | Choole no | annlical | Ja) | | - | 8 E |
| 4 | 162 W PAC-1 | SECTION | | | | | | | | VA 🗆 | 170 | |
| ÍA 🗆 IB 🗆 |] | IA 🗆 | IIB | | | A 🗆 | IIIB | | IV 🗆 | | V D | , <u>u</u> |
| SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item) | | | | | | | | | | | | |
| Water Supply: Flood Zone Information: Sewage Disposal: A trench will not be Licensed Disposal Site D | | | | | | | | | | | | |
| Public □ Check if outside Flood Zone □ Indicate municipal □ required □ or trench or specify: | | | | | - | | | | | | | |
| Private □ | or indentify Z | one: | | or or | n site sys | stem 🗆 | | nit is enc | | | | |
| Railroad right-of-way: Hazards to Air Navigation: MA Historic Commission Review Process: | | | | | | | | | | | | |
| Not Applicable ☐ Is Structure within airport approach area? Is their review completed? | | | | | ted? | | | | | | | |
| or Consent to Build enclosed \(\Bar{\cup} \) Yes \(\Dar{\cup} \) or No \(\Dar{\cup} \) | | | | | | | | | | | | |
| SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY | | | | | | | | | | | | |
| Edition of Code | | | | | | | | | | l per Floc | r: | |
| Does the huilding | Edition of Code: Use Group(s): Type of Construction: Occupant Load per Floor: Does the building contain an Sprinkler System?: Special Stipulations: | | | | | | | | | | | |
| Door are ranging comments. | | | | | | | | | | | | |

| S | ECTION 9: PROPERT | Y OWNER AUTHORIZA | ATION | | | |
|--|--|--|---------------|-----------------|--------------------|-------------|
| Name and Address of Property Owner | er | | | | | |
| | | - | | | | |
| Owner - Print & Sign | No. | and Street | City/ | Town & Zip | | |
| Property Owner Contact Information | • | | | | | |
| - / | | e e | | | | |
| Title | elephone No. (business | Telephone No. (cell |) | e-mail a | ddress | |
| If applicable, the property owner here | eby authorizes | | | | | |
| | | | | | /_ | |
| Name to act on the property owner's behalf, | Street Address | | | State Zi | | . \ |
| to act on the property owner's behalf, | 110. CONSTRUCTION | CONTROL (Please fill | out Appen | dix 2) | EX-ON THE SERVICE | |
| (If building is less than 35,000 cu. ft. o | of enclosed space and/or r | ot under Construction Contr | rol then chec | k here 🗆 and sl | kip Sectio | n 10.1) |
| 10.1 Registered Professional Respon | sible for Construction | Control | W | | | |
| | - yel yellaloo | | 1 | · A | THE REAL PROPERTY. | ings. |
| | * * | | | | 7 | y |
| Name (Registrant) | Telephone No. | e-mail address | Re | gistration Nur | nber | |
| Street Address | City/Town | State Zip | Di | scipline | Expi | ration Date |
| Street Address | 0.00// 10.111 | A. | 8 32 | 1000 | | |
| 10.2 General Contractor | | | | | | |
| | | W. | llo. | 1 | | |
| C | | Contractor Name | 4458Means | # | | |
| Company Name | | Contractor (vanie | -4000 | | i. | |
| | | CSL License Number a | nd Evnirat | ion Date | | |
| Contractor Signature | | Con Literise Number a | nauxpirac | on Dute | | |
| | | The state of the s | | ate Zip | | |
| Street Address | 1 | City/Town | 31 | ate Zip | | |
| | | | | | | |
| Telephone No. (business) | Telephone No. (cel | I DICLIDANCE A FEIDAVIT | | l address | | - |
| SECTION 11: WO A Workers' Compensation Insur | ange Affidavit from the | N INSURANCE AFFIDAVIT | strial Accid | lents must be o | complete | ed and |
| submitted with this application. Fa | ilure to provide this aff | idavit will result in the de | nial of the | issuance of the | e buildir | ng permit. |
| Is a signed | Affidavit submitted wit | h this application? | Yes 🗆 | No 🗆 | | |
| | | CTION COSTS AND PE | RMIT FEE | | - 1 | |
| Est | timated Costs: (Labor | | | | | |
| Item | and Materials) | Total Construction C | Cost (from I | tem 6) = \$ | | |
| 1. Building \$ | Maria Maria | Building Permit Fee = 1 | Total Cons | truction Cost x | (L | nsert here |
| 2. Electrical | The state of the s | | | factor) = \$ | | |
| 3. Plumbing \$ | Vi. | | | | | 114 \ |
| 4. Mechanical (HVAC) | , the | Note: Minimum f | ee = \$ | (contact n | nunicipa | uity) |
| 5. Mechanical (Other) \$ | | Enclose check payable | to | | | |
| 6. Total Cost \$ | | (contact municipality) ar | nd write ch | eck number he | ere | |
| SECT | ION 13: SIGNATURE | OF BUILDING PERMIT | | | 2 | |
| By entering my name below, I hereby | | | | | contain | ed in this |
| application is true and accurate to the | e best of my knowledge | and understanding. | | | | |
| | | | | | | |
| Please print and sign name | | Title | | Telephone ! | No. | Date |
| | | | | | | 11 . 44 . |
| Street Address | | City/Town | State | Zip | e-ma | il address |
| | | 1 | | | | |
| Municipal Inspector to fill out this | section upon applicatio | n approval: | | | | - |
| ** 1 | | | Name | | | Date |



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information Please Print Legibly

| Applicant information | | Trease Time Legiony | | | | |
|--|--|---|--|--|--|--|
| Name (Business/Organization/Individual): | | | | | | |
| Address: | | | | | | |
| City/State/Zip: | Phone #: | | | | | |
| Are you an employer? Check the approximation 1. I am a employer with | 4. 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. 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): 6. New construction 7. Remodeling 8. Demolition 9. Building addition 10. Electrical repairs or additions 11. Plumbing repairs or additions 12. Roof repairs 13. 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 attached 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 worker information. | rs' compensation insurance for my employ | vees. Below is the policy and job site | | | | |
| Insurance Company Name: | | | | | | |
| Policy # or Self-ins. Lic. #: | olicy # or Self-ins. Lic. #: Expiration Date: | | | | | |
| bb Site Address: City/State/Zip: | | | | | | |
| Attach a copy of the workers' compensate Failure to secure coverage as required under fine up to \$1,500.00 and/or one-year imprisof up to \$250.00 a day against the violator. Investigations of the DIA for insurance coverage as required under the secure of the property of | er Section 25A of MGL c. 152 can lead to to sonment, as well as civil penalties in the fo Be advised that a copy of this statement n | the imposition of criminal penalties of a rm of a STOP WORK ORDER and a fine | | | | |
| I do hereby certify under the pains and pe | nalties of perjury that the information pro | ovided above is true and correct. | | | | |
| Signature: | Date: | | | | | |
| Phone #: | | | | | | |
| Official use only. Do not write in this of | area, to be completed by city or town offici | ial. | | | | |
| | tment 3. City/Town Clerk 4. Electrical | Inspector 5. Plumbing Inspector | | | | |
| 6. Other Contact Person: | Phone #: | | | | | |

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*

| | | ľ | Mark "x" where | |
|-----|---|--|--|--|
| No. | Item | Submitted | Incomplete 🖥 | Not Required |
| 1 | Architectural | | N. Carlotte | The state of the s |
| 2 | Foundation | | 1 | |
| 3 | Structural | | /40% | A. |
| 4 | Fire Suppression | | All Marie A | 8 |
| 5 | Fire Alarm (may require repeaters) | - Cartal | water Aller | 300 |
| 6 | HVAC | A | - | |
| 7 | Electrical | űá. | | |
| 8 | Plumbing (include local connections) | ATA. | 1 | |
| 9 | Gas (Natural, Propane, Medical or other) | with the | N. A. | |
| 10 | Surveyed Site Plan (Utilities, Wetland, etc.) | San | SERVICE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I | |
| 11 | Specifications | S 19 | | |
| 12 | Structural Peer Review | | Sept. | |
| 13 | Structural Tests & Inspections Program | | er. | |
| 14 | Fire Protection Narrative Report | | | |
| 15 | Existing Building Survey/Investigation | · 1 3 | | |
| 16 | Energy Conservation Report | 1/4 | | |
| 17 | Architectural Access Review (521 CMR) | A. C. | | - 19 |
| 18 | Workers Compensation Insurance | Contract of the Contract of th | | |
| 19 | Hazardous Material Mitigation Documentation | | | |
| 20 | Other (Specify) | | | |
| 21 | Other (Specify) | | | |
| 22 | Othor (Specify) | | l | nust be identified here |

*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

Registered Professional Contact Information

| | 7 | | |
|-------------------|---------------|----------------|----------------------------|
| Name (Registrant) | Telephone No. | e-mail address | Registration Number |
| Street Address | City/Town | State Zip | Discipline Expiration Date |
| | | | Registration Number |
| Name (Registrant) | Telephone No. | e-mail address | Discipline Expiration Date |
| Street Address | City/Town | State Zip | Disciplific 2Ap- |
| Name (Registrant) | Telephone No. | e-mail address | Registration Number |
| Street Address | City/Town | State Zip | Discipline Expiration Date |

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in ______(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia

SECTION R105.7 - PLACEMENT OF PERMIT

The building permit or copy thereof shall be kept on the site of the work and be posted conspicuously until the completion of the project.

This means that work shall not start until the permit is issued and posted at the site.

SECTION R105.3.1 – ACTION ON APPLICATION

The *building official* shall examine or cause to be examined applications for permits and amendments, and take action, within **30 days** of filing.

SECTION R105.5 – EXPIRATION

Every *permit* issued shall become invalid unless the work authorized by such *permit* is commenced within 180 days after its issuance, or if the work authorized by such *permit* is suspended or abandoned for a period of 180 days after the time work is commenced. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

SECTION R110.1 - USE OF OCCUPANCY

No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made until the *building official* has issued a certificate of occupancy, therefor as provided herein.



Initial Construction Control Document

To be submitted with the building permit application by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107

| n to a mul- | 3.70 | | Date: | |
|--|---|--|---|---------------------------------------|
| Project Title: | 8 | | | |
| Property Address: | | | | |
| Project: Check one or bot | h as applicable: | ☐ New construction | ☐ Existing Constructi | |
| Project description: | | The state of the s | <u> </u> | |
| | | | | |
| 3 | | | | |
| Ť | · MAR | egistration Number: | Expiration date: | am a |
| computations and specific | ations concerning: | | Expiration date:ed the preparation of all design | |
| [] Architectural [] Fire Protection | [] Structural | [] Mechani | cal | <u> </u> |
| 2. Perform the dutie 3. Be present at integrably of the wo construction documents. | ormance to this code ordance with the requestions for registered design ervals appropriate to rk and to determine tuments and this code | and the design concept, suirements of the construction of the stage of construction the work is being performance. | ion documents. MR Chapter 17, as applicable. to become generally familiar with med in a manner consistent with | th the progress and h the approved |
| Nothing in this document | relieves the contrac | tor of its responsibility re | garding the provisions of 780 C | MR 107. |
| When required by the bu comments, in a form accomments | ilding official, I shal eptable to the buildir | l submit field/progress rep ng official. | ports (see item 3.) together with | pertinent |
| Upon completion of the | work, I shall submit | to the building official a ' | Final Construction Control Doc | ument'. |
| Enter in the space to the electronic signature and | right a "wet" or seal: | ¥i. | | 74 |
| Phone number: | F | Emai | 1: | 8: 7 9 122 |
| 2 | | Building Official Use Or | ıly | |
| Building Official Name: | | Per | mit No.: Date: | |



Final Construction Control Document

To be submitted at completion of construction by a

Registered Design Professional

for work per the 8th edition of the Massachusetts State Building Code, 780 CMR, Section 107

| Project Title: | Date: | Permit No |
|--|--|---|
| Property Address: | | |
| Project: Check one or both as applicable: | □ New construction | ☐ Existing Construction |
| Project description: | | |
| | | |
| | | |
| I MA Representations and I have prepared design professional, and I have prepared computations and specifications concerning: | aistration Number | Expiration date:, am a preparation of all design plans, |
| [] Architectural [] Structural [] Fire Protection [] Electrical | [] Mechanical [] Other: | |
| for the above named project. I, or my designed construction site on a regular and periodic basis proceeded in accordance with the requirements permit and that I or my designee: | of 780 CMR and the design do | ocuments approved as part of the building |
| Have reviewed, for conformance to this by the contractor in accordance with the contractor. Have performed the duties for registered the duties for registered that intervals appropriately progress and quality of the work and to construction documents and this code. | ed design professionals in 780 late to the stage of construction determine if the work was per | CMR Chapter 17, as applicable. In to become generally familiar with the reformed in a manner consistent with the |
| Nothing in this document relieves the contractor | or of its responsibility regardin | g the provisions of 780 CMR 107. |
| Enter in the space to the right a "wet" or electronic signature and seal: | | i e |
| Phone number: | Email: | |
| | Building Official Use Only | |
| Building Official Name: | Permit No.: | Date: |