



# 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

TWO (2) SETS OF PLANS ARE NEEDED WITH THIS APPLICATION

An electronic copy of the plans is also needed - email ksaunders@ci.reading.ma.us

TO EXPEDITE THE APPLICATION, EMAIL ADDRESSES ARE REQUIRED

### 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  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: \_\_\_\_\_

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

Railroad right-of-way:  
Not Applicable   
or Consent to Build enclosed

Hazards to Air Navigation:  
Is Structure within airport approach area?  
Yes  or No

MA Historic Commission Review Process:  
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

Owner - Print & Sign

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

Contractor Name

Contractor Signature

CSL License Number and Expiration Date

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) = \$ _____.<br><br>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

e-mail address

Municipal Inspector to fill out this section upon application approval: \_\_\_\_\_

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**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

|   |   |
|---|---|
| <p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> | <p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p> |
|---|---|

\*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 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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: \_\_\_\_\_

|  |                        |
|--|------------------------|
| <i>Official use only. Do not write in this area, to be completed by city or town official.</i>             |                        |
| City or Town: _____  | Permit/License # _____ |
| <b>Issuing Authority (circle one):</b>   |                        |
| 1. Board of Health 2. Building Department 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\*

| 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           |
| 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 |

# 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."

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## 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.

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## 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.

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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](http://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.

**PLEASE GO TO MASS.GOV - BBRS WEBSITE FOR  
THE MOST UPDATED “INITIAL CONSTRUCTION  
CONTROL DOCUMENT” AND THE “FINAL  
CONSTRUCTION CONTROL DOCUMENT”**

**These documents are needed with all commercial work**