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

Town of Reading
Building Department
16 Lowell Street
Reading MA 01867
781-942-9011

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____ _____
Building Commissioner/Inspector of Buildings Date

SECTION 1 - SITE INFORMATION

1.1 Property Address:

_____

_____

1.2 Assessors Map & Parcel Number

_____ _____
Map Number Parcel Number

1.3 Zoning Information:

_____ _____
Zoning District Property Use

1.4 Property Dimensions:

_____ _____
Lot Area (sf) 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 ☐

8 Sewage Disposal System:
Municipal ☐ On site disposal system ☐

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

_____ _____
Name (print) Address

_____ _____
Signature Telephone

2.2 Authorized Agent

_____ _____
Name (Print) Address

_____ _____
Signature Telephone

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Licensed Construction Supervisor:

Not Applicable ☐

_____
Licensed Construction Supervisor:

_____
Address

_____
Signature

_____
License Number

_____
Expiration Date

Registered Home Improvement Contractor

Not Applicable ☐

_____
Company Name

_____
Address

_____
Signature Telephone

_____
Registration Number

_____
Expiration Date

Fax - # _____

Conservation Approval Required
☐ Yes ☐ No
Signature: _____

Fax
_____

Commercial

SECTION 4 - 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.

SECTION 4 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

Name (Registrant)	Not Applicable
Address	License Number
Signature / Telephone	Expiration Date

5.2 Registered Professional Engineer

Name	Area of Responsibility
Address	Registration Number
Signature / Telephone	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature / Telephone	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature / Telephone	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature / Telephone	Expiration Date

5.3 General Contractor

Company Name	Not Applicable ☐
Responsible In Charge of Construction	
Address	
Signature / Telephone	

SECTION 6 - DISCRIPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)

New Construction ☐	Existing Building ☐	Repairs ☐	Alteration ☐	Addition ☐
Accessory Bldg ☐	Demolition ☐	Other ☐ Specify:		

Brief Description of Proposed Work

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

	Use Group (Check as Applicable)							Construction Type	
A Assembly	☐	A-1	☐	A-2	☐	A-3	☐	1A	☐
		A-4	☐	A-5	☐			1B	☐
B Business	☐							2A	☐
E Educational	☐							2B	☐
F Factory	☐	F-1	☐	F-2	☐			2C	☐
H High Hazard	☐							3A	☐
I Institutional	☐	I-1	☐	1-2	☐	1-3	☐	3B	☐
M Mercantile	☐							4	☐
R Residential	☐	R-1	☐	R-2	☐	R-3	☐	5A	☐
S Storage	☐	S-1	☐	S-2	☐			5B	☐
U Utility	☐	Specify:							
M Mixed Use	☐	Specify:							
S Special Use	☐	Specify:							

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS AND/OR CHANGE IN USE

Existing Use Group: _____ Proposed Use Group: _____

Existing Hazard Index (780 CMR 34) _____ Proposed Hazard Index (780 CMR 34) _____

SECTION 8 - BUILDING AND HIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or Stories Include Basement Levels		
Floor Area Per Floor (SF)		
Total Area (SF)		
Total Height		

SECTON 9 STRUCURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Peer Review Required Yes... ☐ No...☐

SECTON 10a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS 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 permit application.

_____ _____

Signature of Owner Date

SECTON 10b – OWNER / AUTHORIZED AGENT DECLARATION

I, _____ as owner / authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

_____

Print Name

_____ _____

Signature of Owner / Agent Date

SECTION 6– ESTIMATED CONSTRUCTION COSTS			
.Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from	
3. Plumbing		*Building Permit Fee (a) x (b)	
4. Fire Protection			
5. Mechanical (HVAC)		Check Number	
6. Total = (1+2+3+4+5)			

*All Building, Wiring, Plumbing, Fire Suppression and Alarm Permit Fees will be paid by the general contractor or owner at the time of issuance.

THIS SECTION FOR OFFICIAL USE ONLY

PERMIT FEE BREAKDOWN

ESTIMATED COST: _____

TYPE	MULTIPLIER	FEE
Building		
Electrical		
Plumbing		
Gas		
Sprinklers		
Mechanical		
Total		

NOTES::

Dumpster Permit Required

$50 Fee (for 3-month permit)

- Will there be a dumpster at the work site: ☐ Yes ☐ No
- Dumpster Permit applied for on _____

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 #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ 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 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 #: _____

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 #:** _____

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

Revised 11-22-06

SECTION 111.14 - POSTING OF PERMIT

A true copy of the building permit shall be kept on the site of operations, open to public inspection during the entire time of prosecution of the work and until the completion of the same.

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

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780 CMR - 111.0 Permits

Massachusetts State Code allows **30 days** from when the permit application is submitted **correctly** (with all necessary information, signatures and fees) for the issuance of a Building Permit.

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

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

_____

_____

_____

_____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional,* and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

[ ] Architectural [ ] Structural [ ] Mechanical
[ ] Fire Protection [ ] Electrical [ ] Other _____

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit 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 Registration Number: _____ Expiration date: _____, am a *registered design professional,* and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

[ ] Architectural [ ] Structural [ ] Mechanical
[ ] Fire Protection [ ] Electrical [ ] Other: _____

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____

INFORMATION REQUIRED FOR PERMIT APPLICATION

Address of Property _____

Name of Contractor _____

Cell Phone Number of Contractor _____

Contractor Email Address _____

Contractor HIC# _____

Contractor License# _____

Name of Homeowner _____

Cell Phone Number of Homeowner _____

Home Phone Number of Homeowner _____

Homeowner Email Address _____

A copy of the most current License and Insurance information needs to be with the application. Faxing insurance information is no longer accepted. The application can <u>not</u> be processed if this information is not received.