



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



City of Peabody
 Office of the Inspector of Buildings
 24 Lowell Street
 Peabody, MA 01960
 Tel: (978) 538-5786

**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: _____ Date _____
 Building Commissioner/Inspector of Buildings

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____ _____	1.2 Assessors Map & Parcel Number _____ Map Number Parcel Number
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1.3 Zoning Information: Zoning District _____ Property Use _____	1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____
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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 <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>	8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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SECTION 2 - PROPERTY OWNERSHIP/TENANT/AUTHORIZED AGENT

2.1 Owner / Tenant:

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: _____ Licensed Construction Supervisor: _____ Address _____ Signature _____	Not Applicable <input type="checkbox"/> _____ License Number _____ Expiration Date _____
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Registered Home Improvement Contractor _____ Company Name _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ Registration Number _____ Expiration Date _____
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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) _____ Address _____ Signature Telephone	Not Applicable <input type="checkbox"/> _____ License Number _____ Expiration Date
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5.2 Registered Professional Engineer

_____ Name _____ Address _____ Signature Telephone	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
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_____ Name _____ Address _____ Signature Telephone	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
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_____ Name _____ Address _____ Signature Telephone	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
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_____ Name _____ Address _____ Signature Telephone	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
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5.3 General Contractor

_____ Company Name _____ Responsible In Charge of Construction _____ Address _____ Signature Telephone	Not Applicable <input type="checkbox"/>
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SECTION 6 - DISCRPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work _____ _____				
SECTION 7 - USE GROUP AND CONSTRUCTION TYPE				

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

SECTION 9 STRUCURAL PEER REVIEW (780 CMR 110.11)	
Independent Structural Peer Review Required	Yes... <input type="checkbox"/> No... <input type="checkbox"/>

SECTION 10a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT	
<p>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.</p> <p>_____ Signature of Owner</p> <p style="text-align: right;">_____ Date</p>	

SECTION 10b – OWNER / AUTHORIZED AGENT DECLARATION	
<p>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.</p> <p>_____ Print Name</p> <p>_____ Signature of Owner / Agent</p> <p style="text-align: right;">_____ Date</p>	

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	
4. Fire Protection		(a) x (b)	
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: _____			NOTES::
TYPE	MULTIPLIER	FEE	
Building			
Electrical			
Plumbing			
Gas			
Sprinklers			
Mechanical			
Total			



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>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an 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 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>Type of project (required):</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>
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*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 their workers' comp. policy information.

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.

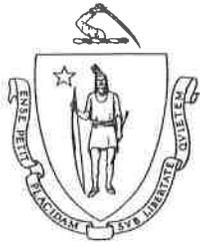
The Department's address, telephone and fax number:

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



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.

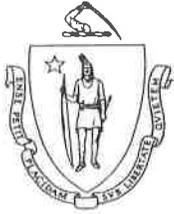
When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

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: _____



Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8th Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: _____ Date: _____

Property Address: _____ Building Permit No.: _____

Required Inspections to be performed by the Building Official^{1,6}			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System ²	
Concrete Slab/Under Floor		Carbon Monoxide System ⁴	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump ³	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Componentes		Final inspection	
Required Site Review and Documentation for Portions or Phases of Construction^{1,6,7} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation ²	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componentes		Other Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) _____ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals and will copy all individuals with 780 CMR 107 responsibility.

Signature: _____ Phone No.: _____ Email: _____
Signature or type name if electronic signature

Building Official Use Only	
Building Official Name: _____	Date: _____