



# **The Commonwealth of Massachusetts**

## **Department of Public Safety**

Massachusetts State Building Code (780 CMR)

Building Permit Application to Construct, Repair, Renovate or Demolish any  
Building other than a One- or Two-Family Dwelling

---

### **Code and Other Requirements for Building Permits**

The Department of Public Safety has issued these building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application, that no outstanding property taxes, water fees, etc. exist.

### **Filing Instructions**

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the local city or town where the work will be done.
2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
3. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the local city or town where the work will be done.



# The Town of Oakham, Massachusetts

## Department of Public Safety

Massachusetts State Building Code (780 CMR) Eight Edition, IBC 2009 & IEBC 2009

### Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Building Official: **Louis A Pepi**

#### 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)

<b>A: Assembly</b> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> Nightclub <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	<b>B: Business</b> <input type="checkbox"/>	<b>E: Educational</b> <input type="checkbox"/>
<b>F: Factory</b> F-1 <input type="checkbox"/> F2 <input type="checkbox"/>	<b>H: High Hazard</b> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/>	
<b>I: Institutional</b> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/>	<b>M: Mercantile</b> <input type="checkbox"/>	<b>R: Residential</b> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/>
<b>S: Storage</b> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>	<b>U: Utility</b> <input type="checkbox"/>	<b>Special Use</b> <input type="checkbox"/> and please describe below:

Special Use: \_\_\_\_\_

#### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

<b>IA</b> <input type="checkbox"/>	<b>IB</b> <input type="checkbox"/>	<b>IIA</b> <input type="checkbox"/>	<b>IIB</b> <input type="checkbox"/>	<b>IIIA</b> <input type="checkbox"/>	<b>IIIB</b> <input type="checkbox"/>	<b>IV</b> <input type="checkbox"/>	<b>VA</b> <input type="checkbox"/>	<b>VB</b> <input type="checkbox"/>
------------------------------------	------------------------------------	-------------------------------------	-------------------------------------	--------------------------------------	--------------------------------------	------------------------------------	------------------------------------	------------------------------------

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

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

<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--	--

#### 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				
Name (Print)	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 <b>check here</b> <input type="checkbox"/> 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				
Name of Person Responsible for Construction		License No. and Type if Applicable		
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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE				
Item	Estimated Costs: (Labor and Materials)	A. Total Aggregate Square Footage= ____ Sq Ft		
1. Building	\$	B. Rate Per Sq Ft= \$ ____		
2. Electrical	\$	C. Multiply A x B= \$ ____		
3. Plumbing	\$	D. Flat Rate Fee for category= \$ ____		
4. Mechanical (HVAC)	\$	E. Pre-planning Inspection= \$ ____		
5. Mechanical (Other)	\$	F. Special Inspections = \$ ____		
6. Total Cost	\$	G. Total Permit Fee (C+D+E+F)= \$ ____		
		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	
Municipal Inspector to fill out this section upon application approval: _____				
			Name	Date

## Appendix 1

**For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.**

**Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.**

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

_____	_____	_____	_____
No. and Street	City / Town	Zip	Name of Building (if applicable)

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other (if applicable)	

## 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