



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

Town of
WARREN
Permit # _____

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:

1.4 Property Dimensions:

Zoning District

Proposed Use

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, § 5A)

Public

Private

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone

1.8 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

3.1 Licensed Construction Supervisor:

Not Applicable

Licensed Construction Supervisor:

License Number

Address

Expiration Date

Signature

Telephone

3.2 Registered Home Improvement Contractor:

Not Applicable

Company Name

Registration Number

Address

Expiration Date

Signature

Telephone

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 result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes.... No.....

SECTION 5- 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"/> Registration Number _____ Expiration Date _____
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5.2 Registered Professional Engineer(s):

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 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <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, ADDITIONS 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 HEIGHT 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 (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required Yes No

SECTION 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

all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 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 11 - ESTIMATED CONSTRUCTION COSTS

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