



# The Commonwealth of Massachusetts

1

Office of Public Safety and Inspections  
Massachusetts State Building Code (780 CMR)

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

### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

### 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 2)

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 Description: \_\_\_\_\_

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

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

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

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

2

## 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 apply for and 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 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐.

Otherwise provide construction control forms (see section 107 in the code) as required.

#### 10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

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? 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) = \$  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 Email Address

Municipal Inspector to fill out this section upon application approval:

Name Date

## Appendix 1

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. 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.

### 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

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

## Appendix 2

(For total demolition only)

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

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

Assessors Map #	Block # and/or Lot #

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)		



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**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 an 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ 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):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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: Rochester, MA 02770

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_

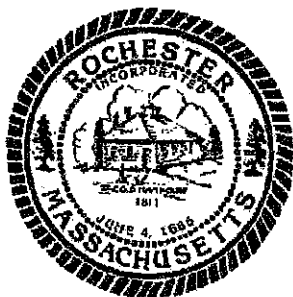
**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: Rochester 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 #: (508) 763-5421



**Town of Rochester**  
**Building Department**  
37 Marion Road, Rochester, MA 02770  
Phone: (508) 763-5421 \* Fax: (508) 763-5379

**DEBRIS AFFIDAVIT**

As a result of the provisions of MGL Chapter 40, §54, I acknowledge that as a condition of Building Permit Number \_\_\_\_\_, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, §150A.

I certify that I will notify the Building Official by \_\_\_\_\_ (2 Months Maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Permit Applicant*

\_\_\_\_\_  
*Job Address*

\_\_\_\_\_  
*Place of Disposal*

\_\_\_\_\_  
*Address of Disposal Location*



⑨

## Initial Construction Control Document

To be submitted with the building permit application by a  
**Registered Design Professional**  
for work per the ninth edition of the  
*Massachusetts State Building Code, 780 CMR, Section 107*

Project Title:                      Date:

Property Address:

Project: Check (x) 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  
Fire Protection

Structural  
Electrical

Mechanical  
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:

**Note 1.** Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.



## Construction Control Progress Checklist

To be submitted at completion of required site reviews for  
construction progress per the ninth edition of the  
Massachusetts State Building Code, 780 CMR, Section 107

Project Title:      Date:      Permit No.

Property Address:

I,      MA Registration Number:      Expiration date:      am a *registered design professional* and I or my designee have observed the following work, and to the best of my knowledge, information, and belief the construction work indicated below has been performed in a manner consistent with the approved plans and specifications:

Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6</sup> (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
Soil condition and analysis			Energy Efficiency Requirements
Footings and Foundation, including Reinforcement and Foundation attachment			Fire Alarm Installation <sup>2</sup>
Concrete Floor and Under Floor			Fire Suppression Installation <sup>3</sup>
Lowest Floor Flood Elevation			Field Reports <sup>5</sup>
Structural Frame - wall/floor/roof			Carbon Monoxide Detection System <sup>4</sup>
Lath and Plaster/Gypsum			Seismic reinforcement
Fire Resistant Wall/Partitions framing			Smoke Control Systems (Special Inspection per Sections 909.3 and 909.18.8)
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			Special Inspections (Section 1704):
Means of Egress Components			
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below.
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. Nothing contained 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.

### Description of Construction Work Observed\*:

- a. *Describe* in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

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

Phone number:      Email:

Building Official Name:      Date:	
Building Official Use Only	