The Commonwealth of Massachusetts
TOWN of WILLIAMSBURG

Massachusetts State Building Code (780 CMR) Seventh Edition

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 Inspector: _____

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

If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐	Renovation ☐	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 Evaluation** is enclosed (See 780 CMR 3402.0) ☐

Existing Use Group(s): _____	Proposed Use Group(s):_____
Existing Hazard Index 780 CMR 34: _____	Proposed Hazard Index 780 CMR 34: _____

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-2r ☐ A-2nc ☐ A-3 ☐ A-4 ☐ A-5 ☐	**B: Business** ☐	**E: Educational** ☐
F: Factory F-1 ☐ F2 ☐	**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:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

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

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

Water Supply:	**Flood Zone Information:**	**Sewage Disposal:**	**Trench Permit:**	**Debris Removal:**
Public ☐ Private ☐	Check if outside Flood Zone ☐ or indentify Zone:_____	Indicate municipal ☐ or on site system ☐	A trench will not be required ☐ or trench permit is enclosed ☐	Licensed Disposal Site ☐ or specify:_____ _____

Railroad right-of-way:	**Hazards to Air Navigation:**	MA Historic Commission Review Process**:**
Not Applicable ☐ or Consent to Build enclosed ☐	Is Structure within airport approach area? Yes ☐ or No ☐	Is their review completed? Yes ☐ No ☐

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 **check here** ☐ 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? **Yes** ☐ **No** ☐

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Other)	$
6. Total Cost	$

Total Construction Cost (from Item 6) = $_____

Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = $_____.

Note: Minimum fee = $_____ (contact municipality)

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

Municipal Inspector to fill out this section upon application approval: _____ _____

Name Date

Appendix 1

For the demolition of structures the building code requires action on service connections.

CHECK IF NOT APPLICABLE ☐

780 CMR 112.0 DEMOLITION OF STRUCTURES
112.1 Service Connections. Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 111.5.

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 ☐	No ☐	Provider notified and Release obtained?	Yes ☐	No ☐
Gas Shut Off?	Yes ☐	No ☐	Provider notified and Release obtained?	Yes ☐	No ☐
Electricity Shut Off?	Yes ☐	No ☐	Provider notified and Release obtained?	Yes ☐	No ☐
_____	Yes ☐	No ☐	Provider notified and Release obtained?	Yes ☐	No ☐
Other (if applicable)					
_____	Yes ☐	No ☐	Provider notified and Release obtained?	Yes ☐	No ☐
			Other (if applicable)		