



# The Commonwealth of Massachusetts

## Office of Public Safety and Inspections

Massachusetts State Building Code (780 CMR)

### Building Permit Application to Construct, Repair, Renovate or Demolish a State Owned Building

#### Requirements for Building Permits

The Office of Public Safety and Inspections has issued this building permit application form to be consistent with the permit requirements of the MA State Building Code, which are specified in Chapter 1 of the Code. The applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems.

#### Filing Instructions

Please complete and submit the attached application to the appropriate District State Building Inspector for review. For a list of district state building inspectors and contact information go to the Office of Public Safety and Inspection's website <https://www.mass.gov/orgs/office-of-public-safety-and-inspections>.

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. Important Note: *All materials shall be submitted electronically on a compact disc(s) in addition to three (3) paper copies.* Also check if the state inspector requires construction control forms (see section 107 in the code) with this application.

The permit application is available in two file formats; Adobe PDF and MS Word. The applicant may print the PDF, fill out in pen, and then scan the document for submission. Alternatively, the applicant may use the MS Word version and fill it out electronically\*. With submission of the application in this manner, the applicant affirms under the pains and penalties of perjury, that all information is true and accurate.

All applications shall 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. Make the check payable to *The Commonwealth of MA*. The notes below pertain to the information in Section 12 of the application

1. The contract amount shall include the entire scope of work of the project and shall include all incidental constructions, but shall exclude the cost of plumbing and electrical work. Contract amounts for projects at the Boston Convention & Exhibition Center and Massachusetts Water Resources Authority projects shall include the cost of electrical work. Design fees or any other professional fees associated with construction observation, supervision or construction management need not be included in the calculation. Pursuant to G.L. c.161A, §24, the MBTA shall not be required to pay any fee.
2. Application fee per building or structure (fee includes plans examination, construction inspection, issuance of building permit, and issuance of certificate of occupancy):
  - a. Fee = 0.005 times the contract amount up to first \$10 million of contract amount + 0.0025 times any contract amount over \$10 million. For example the fee for a \$12 million contract is \$55,000.
  - b. Maximum fee per project = \$150,000
  - c. Minimum fee per project = \$25

Please direct any questions you may have to the Boston Office at 617-727-3200

\*If this is done, navigation through the form and filling in the fields is done differently depending on the version of MS Word that you are using. For example, in MS Word 2007 drag the cursor over the checkboxes and then type 'x' for your selection. If you have difficulty with inputting information in any fields please describe the issue via the phone number above, and DPS will correct the problem as soon as possible.



**The Commonwealth of Massachusetts**  
**Office of Public Safety and Inspections**  
 Massachusetts State Building Code (780 CMR)  
**Building Permit Application for a State Owned Building**

(This Section For Official Use Only)

Building Permit Number:	Date Applied:	State Bldg Insp:
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**SECTION 1: LOCATION**

No. and Street		City/Town	Zip Code	Name of Bldg (if applicable)
Assessors Map #	Block #			

**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 <input type="checkbox"/>	Repair <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>	Demolition <input type="checkbox"/>	(Please fill out and submit Appendix 2)
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Change of Use <input type="checkbox"/>	Change of Occupancy <input type="checkbox"/>	Other <input type="checkbox"/> Specify:
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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):
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**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 Description:

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

IA <input type="checkbox"/>	IB <input type="checkbox"/>	IIA <input type="checkbox"/>	IIB <input type="checkbox"/>	IIIA <input type="checkbox"/>	IIIB <input type="checkbox"/>	IV <input type="checkbox"/>	VA <input type="checkbox"/>	VB <input type="checkbox"/>
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**SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 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 identify 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:
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<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"/> No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
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**SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY**

Edition of Code: Use Group(s):	Type of Construction:	Occupant Load per Floor:
Does the building contain a Sprinkler System?: Yes <input type="checkbox"/> No <input type="checkbox"/>		Special Stipulations:
Design occupant load peer floor area and assembly space:		

**SECTION 9: STATE AGENCY AUTHORIZATION**

**Name and Address of State Agency with Property Jurisdiction and/or Ownership:**

Name (print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**State Agency Contact Information:**

Name (print) \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

This Agency Contact, as the representative of the State Agency with property jurisdiction and/or ownership hereby authorizes

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

to apply for and act on the Agency'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**  and skip Section 10.1) Otherwise provide [construction control forms](#) (see section 107 in the code) as required by the state inspector.

**10.1 Registered Professional Responsible for Construction Control** (professional coordinating document submittal)

Name (Registrant) \_\_\_\_\_ Telephone Number \_\_\_\_\_ e-mail address \_\_\_\_\_ Registration Number \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ 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 Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ 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)	<p align="center"><b>CAMIS</b> value of the Building \$ If not known provide request to DCAM via form at <a href="http://www.mass.gov/cam/CAMIS/camisUser.html">http://www.mass.gov/cam/CAMIS/camisUser.html</a></p> <p align="center">Total Contract Amount (see note 1) = \$ Building Permit Fee (see note 2) = \$ Note: Minimum fee = \$25.00</p> <p align="center">Enclose check payable to <i>The Commonwealth of MA</i> and write check number here</p>
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**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. Further, I am authorized to submit this application on behalf of the state agency with jurisdiction and/or ownership of the subject property.

Electronic Signature (Please type name) \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**State 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Fire Alarm (may require repeaters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Plumbing (include local connections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Gas (Natural, Propane, Medical or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Surveyed Site Plan (Utilities, Wetland, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Structural Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Structural Tests & Inspections Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Fire Protection Narrative Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Existing Building Survey/Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Energy Conservation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Architectural Access Review (521 CMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Workers Compensation Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Hazardous Material Mitigation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*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)	- - x	Telephone Number	e-mail address	Registration No
Street Address	City/Town	State	Zip Code	Discipline Exp. Date
Name (Registrant)	- - x	Telephone Number	e-mail address	Registration Number
Street Address	City/Town	State	Zip Code	Discipline Exp. Date
Name (Registrant)	- - x	Telephone Number	e-mail address	Registration Number
Street Address	City/Town	State	Zip Code	Discipline Exp. Date

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

## Appendix 2

(For complete 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 Code                      Name of Building (if applicable)  
Assessor Map #                      Block # and/or Lot #

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)