



BOXBOROUGH BUILDING DEPARTMENT

29 Middle Road, Boxborough, Massachusetts 01719
Phone: (978) 264-1726 Fax: (978) 264-3127

Date Received

Signature Page Approval

Building Permit Application Cover Sheet

The applicant is responsible for securing the following signatures from the appropriate departments verifying that the scope of work has been reviewed by the authority having jurisdiction. All applicable Special Permits, Variances, plans, and comments are to be attached as part of the Building Permit application record for submittal to the Building Department. An application is not considered complete until ALL pertinent information has been filed. Insufficient information will delay application review.

The required time period for review of the Building Permit application does not begin until this signature page has been properly completed.

Property Address: _____

Description of Work: _____

<u>Conservation Commission:</u> <input type="checkbox"/> N/A	<u>Department of Public Works:</u> <input type="checkbox"/> N/A
Authorized signature _____	Date _____
Comment: _____	Comment: _____
<u>Planning and Zoning Boards:</u> <input type="checkbox"/> N/A	<u>Tax Collector (required signature):</u>
Authorized signature _____	Date _____
Comment: _____	Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____ (Yes/No)
<u>Board of Health:</u> <input type="checkbox"/> N/A	<u>Fire Department:</u> <input type="checkbox"/> N/A
Authorized signature _____	Date _____
Comment: _____	Comment: _____

CALL DIG SAFE: 1-888-344-7233



**Boxborough Building Department
29 Middle Road, Boxborough, Massachusetts 01719**

Phone: (978) 264-1726 • Fax: (978) 264-3127

www.boxborough-ma.gov

Massachusetts State Building Code (780 CMR)

Commercial Building Permit Application

To Construct a NEW Building, Repair, Renovate or Demolish an Existing Building
(Other than a One- or Two-Family Dwelling)

FILL OUT ALL THE APPROPRIATE INFORMATION FOR YOUR PROJECT

This Section For Official Use Only

Bldg. Permit #:	Date Issued:	Building Official:
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Building Permit Fee:

SECTION 1: PROPERTY LOCATION

Street & No.

Name of Building (if applicable)-

Assessor Map#:

Block &/or Lot#:

SECTION 2: PROPERTY OWNER INFORMATION & AUTHORIZATION

Name:

Company:

Address:

City/State/Zip

EMAIL:

Telephone:

Letter From Property Owner(S) Authorizing This Work Shall Be Submitted With The Application

Section 3. CONSTRUCTION CONTROL-(Please fill out appendix 1)

If the building is less than 35,000 cubic feet or NOT under construction control check here

Registered Design Professional Responsible For Construction Control & Coordinating Submittals

Architect-Name: Reg. Number:

Address:

City/Town/state/zip:

EMAIL: Telephone:

Name & Address of Company/Firm:

GENERAL CONTRACTOR:

Company Name:

Address:

City/Town/state/zip:

EMAIL: Telephone:

Name of Person Responsible for Construction:

Address: City/Town/State

License Number & Type:

EMAIL: Telephone:

SECTION 4: WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M. G. L. C. 152 § 25C(6))

A Worker's Compensation Insurance Affidavit from MA Department of Industrial Accidents must be completed and submitted with this application. Failure to supply this affidavit will result in the DENIAL of the issuance of this building permit. Is a signed affidavit submitted with this application? YES- NO-

SECTION 5: PROPOSED WORK

Edition of MA State Building Code-		If New Construction check here and all that apply below - <input type="checkbox"/>		
Existing Building - <input type="checkbox"/>		Repair- <input type="checkbox"/>	Alteration - <input type="checkbox"/>	Addition - <input type="checkbox"/> Demolition- <input type="checkbox"/> (Complete Appendix 2)
Change of Use----- <input type="checkbox"/>		Change of Occupancy----- <input type="checkbox"/>		Other: Specify:
Building plans & Construction documents Have Been Submitted As Part Of This Permit Yes - <input type="checkbox"/> No - <input type="checkbox"/>				
Is An Independent Structural Engineering Review Required: Yes - <input type="checkbox"/> No - <input type="checkbox"/>				
Brief Description of proposed work: 				

Section 6: Complete This Section If This Work is On an Existing Building Undergoing Renovation, Addition, Change of Use or Occupancy Change

Existing Building Code review is required and must be submitted with this application. Check here if existing Building Investigation & Evaluation Narrative is enclosed Yes - <input type="checkbox"/> No- <input type="checkbox"/>				
Existing Use Group(s):		Proposed use Group(s):		

SECTION 7: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. Of Floors-Stories		
Total Area		

SECTION 8: USE GROUP-(CHECK AS APPLICABLE)

A-Assembly	<input type="checkbox"/> A-1 <input type="checkbox"/>	<input type="checkbox"/> A-2 - <input type="checkbox"/>	<input type="checkbox"/> A-3 <input type="checkbox"/>	<input type="checkbox"/> A-4 <input type="checkbox"/>	<input type="checkbox"/> A-5 <input type="checkbox"/>			<input type="checkbox"/> 1A- <input type="checkbox"/>	<input type="checkbox"/> 1B- <input type="checkbox"/>
B Business	<input type="checkbox"/>							<input type="checkbox"/> IIA- <input type="checkbox"/>	
E Educational	<input type="checkbox"/>							<input type="checkbox"/> IIB- <input type="checkbox"/>	
F Factory	<input type="checkbox"/>	<input type="checkbox"/> F-1 <input type="checkbox"/>	<input type="checkbox"/> F-2 <input type="checkbox"/>					<input type="checkbox"/> IIC- <input type="checkbox"/>	
H High hazard	<input type="checkbox"/>							<input type="checkbox"/> IIIA- <input type="checkbox"/>	
I Institutional	<input type="checkbox"/>	<input type="checkbox"/> I-1 <input type="checkbox"/>	<input type="checkbox"/> I-2 <input type="checkbox"/>	<input type="checkbox"/> I-3 <input type="checkbox"/>	<input type="checkbox"/> I-4 <input type="checkbox"/>			<input type="checkbox"/> IIIB- <input type="checkbox"/>	
M Mercantile	<input type="checkbox"/>							<input type="checkbox"/> IV- <input type="checkbox"/>	
R Residential	<input type="checkbox"/>	<input type="checkbox"/> R-1 <input type="checkbox"/>	<input type="checkbox"/> R-2 <input type="checkbox"/>	<input type="checkbox"/> R-3 <input type="checkbox"/>	<input type="checkbox"/> R-4 <input type="checkbox"/>			<input type="checkbox"/> VA- <input type="checkbox"/>	
S Storage	<input type="checkbox"/>	<input type="checkbox"/> S-1 <input type="checkbox"/>	<input type="checkbox"/> S-2 <input type="checkbox"/>					<input type="checkbox"/> VB- <input type="checkbox"/>	
U Utility	<input type="checkbox"/>	Specify							
M Mixed Use	<input type="checkbox"/>	Specify							
S Special Use	<input type="checkbox"/>	Specify							

SECTION 9: CONSTRUCTION TYPE

Section 10: SITE INFORMATION (Refer to 780CMR105.3 for details on each item)									
A. Water Supply: Public- <input type="checkbox"/> Private- <input type="checkbox"/>					Sewage Disposal: Public- <input type="checkbox"/> Private (on site)- <input type="checkbox"/>				
B. Flood zone: Outside of flood zone Yes - <input type="checkbox"/> No- <input type="checkbox"/> Identify flood Zone:									
C. A Trench Permit Required YES- <input type="checkbox"/> NO- <input type="checkbox"/> If yes please enclose									
D. DEBRIS REMOVAL: licensed disposal site address & name:									

E. Railroad Right of Way: Not applicable - <input type="checkbox"/>	Applicable Consent to build enclosed- <input type="checkbox"/>
F. Hazard to navigation-Is structure within airport approach area	YES- <input type="checkbox"/> NO- <input type="checkbox"/>

SECTION 11: INFORMATION FOR THE "CERTIFICATE OF OCCUPANCY"

Edition of the Building code:	Use group:	Construction Type:
Sprinkler system Installed? YES- <input type="checkbox"/> NO- <input type="checkbox"/>		
Designed occupant Load Per floor or space(s)		
Special stipulations:		

SECTION 12: CONSTRUCTION COSTS-LABOR AND MATERIALS

1. Plumbing	\$
2. Gas	\$
3. Electrical	\$
4. Electrical-Fire Detection & Notification-Horn/Strobes/ Emergency Lights-Signs Etc.	\$
5. Sprinkler System-Fire Suppression	\$
6. Mechanical-Sheet Metal	\$
7. All Other Construction disciplines fall under the category of BUILDING	\$
	Total:

NOTE: You will be notified when the Building Permit is ready. Building Permit fees are due at that time and you will be notified of the amount. Checks are to be made payable to the "Town of Boxborough." The cost of the permit is \$14.00 per Thousand.

COST OF CONSTRUCTION-Building Permit Valuations-PERMIT FEES

Building Permit Valuations. The applicant for a permit shall provide an *estimate of permit value* at time of application. If, in the opinion of the *Building Commissioner, Local Inspector, Electrical Inspector, Plumbing & Gas Inspector* the valuation is underestimated on the application, the *permit* shall be denied, unless the applicant can show detailed estimates to meet the approval of the *Building Commissioner. And/or the Building Commissioner shall set value in accordance with ICC national data.*

The Final Building Permit, Plumbing Permit, Gas Permit & Electrical permit valuation shall be set by the Building Commissioner, Local Inspector, Electrical Inspector, Plumbing & Gas Inspector issuing the permit

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

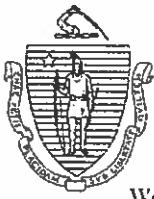
By entering my name below, I hereby attest under the pains & penalties of perjury that all of the information contained in this application is true and accurate to the best of my Knowledge and understanding:

Print-Name	
Address:	
City/State/Zip	
EMAIL:	Telephone:
Signature:	

NOTE: Submitted plans must be complete, wet stamped including **Fire Suppression, Detection and Notification** systems. **Suppression system must also carry the name, contact information and license of the "Installer".** **All Plans must be submitted to the Building Department Only, Not the Fire department. HOWEVER:** Contractors are required under section 527 CMR 1.00 M.G.L. c. 148, § 27A to notify the fire department prior to shutting off for any reason(s) any portion of the Fire Suppression, Detection and OR Notification systems.

~ APPLICATIONS & PLANS SHALL BE RETURNED IF SIGNIFICANT INFORMATION IS MISSING~
Please also attach the following as applicable to your project:

<input type="checkbox"/> - Energy Conservation Compliance-Com-Check	<input type="checkbox"/> - Construction Control Documents
<input type="checkbox"/> - Two Sets of Plans	<input type="checkbox"/> - Rodent Control-Demolition Only
<input type="checkbox"/> - One Full Set on Cd	<input type="checkbox"/> - Utility Disconnects Form-Demolition Only
<input type="checkbox"/> - Special Permit Conditions Shall Be Included	<input type="checkbox"/> - Existing Building Code Review
<input type="checkbox"/> - Conservation Permits Shall Be Included	<input type="checkbox"/> - Tier One Fire Narrative for Existing Buildings
<input type="checkbox"/> - Zoning Conditions/Variances Shall Be Included	<input type="checkbox"/> - Site Plan for New Construction or Additions



**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 a 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 attach 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: _____

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: _____ 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 #: _____

Massachusetts Existing Building Code Checklist
Based on 2015 IEBC w/Massachusetts Amendments
To be submitted with Building Permit Application

Address: _____, MA
(Street number, name) _____ (City / Town) _____

Unit / Suite: (location within building) _____

Occupancy: (Check one) Not Previously Occupied Previously Occupied

Work proposed: _____

Construction Control, building at 35,000 c.f. or greater Yes No
If Yes, then "Investigation & Evaluation Report" is required (780 CMR 104.2.2.1)

Compliance Method: [Only one method to be used] (Check all boxes that apply)

<u>Prescriptive</u> (Chapter 4)	<u>Work area</u> (Chapters 5 – 13)	<u>Performance</u> (Chapter 14)
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<input type="checkbox"/> Repairs	<input type="checkbox"/> Repairs-Chapter 5	<input type="checkbox"/> Repairs
<input type="checkbox"/> Alteration	<input type="checkbox"/> Alteration-(check only one box)	<input type="checkbox"/> Alteration
<input type="checkbox"/> Addition	<input type="checkbox"/> Level 1: Chapter 7	<input type="checkbox"/> Addition
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Level 2: Chapter 7 & 8	<input type="checkbox"/> Change of Occupancy
	<input type="checkbox"/> Level 3: Chapter 7, 8 & 9	
	<input type="checkbox"/> Change of Occupancy: Chapter 10	
	<input type="checkbox"/> Additions: Chapter 11	
	<input type="checkbox"/> Historic Buildings: Chapter 12	
	<input type="checkbox"/> Relocated or Moved Buildings: Chapter 13	

Note: Chapter 15 applies to all compliance methods.

Architect of Record: (print) _____ Place wet stamp above

Signature: _____ Date: _____

Email: - _____



Initial Construction Control Document Boxborough Building Department

To be submitted with the building permit application by a
Registered Design Professional for work per the 9th 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 concerning¹:

Architectural

Structural

Mechanical

Fire Protection

Electrical

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.

Fire Alarm & Detection Systems Section 907

Mandated Document Submittals for Building Permit Application

Fire alarm shop drawings. Shop drawings for fire alarm systems shall be submitted to the **Building Department & Fire Department** for review and approval prior to system installation, and shall include, but not be limited to, all of the items listed under Chapter 9, section 907.1: **Equipment**. Systems and components shall be *listed and approved* for the purpose for which they are installed.

~ ~

Fire Protection/Suppression Systems

Mandated Document Submittals for Building Permit Application

780 CMR - Ninth Edition

This information is critical in processing the Building Permit Application. If your plans for a Fire suppression system are not 100% complete, Then you are required to submit a completed “Tier One Narrative” with your application

This process includes three tiers of the minimum document submittal requirements as stated in Chapter 9, section 901.2.1. This process does not preclude the permit applicant from submitting additional documents; for example shop drawings along with the *construction documents* at time of permit application. **Shop drawings shall note the name(s), license number(s), and license expiration date(s) of the contractor(s) installing the Fire Protection Systems.**

1. TIER ONE, CONSTRUCTION DOCUMENTS - Prior to issuance of a building permit, *construction documents* for the fire protection system must be submitted in accordance with Chapter 1: *Scope and Administration* and a building permit obtained prior to the installation of fire protection systems or modifications, alterations, additions or deletions to an existing fire protection system. The *construction documents* shall contain sufficient information to completely describe each of the fire protection system(s) for which a permit is to be issued.

The *construction documents* shall include the items listed under 2015 IBC Chapter 9, Mass Amendments Section 901.2.1.

2. Tier Two, Shop Drawings - Prior to installation of fire protection systems, shop drawings, where applicable, shall be submitted to the *building official* and fire official and shall contain, but not be limited to; detailed design layout, equipment specifications, system sequence of operation, and analysis to substantiate the design. Shop drawings shall note the name(s), license number(s) and license expiration date(s) of the contractors) installing the fire protection systems. **Exception**. For shop drawings of Fire Alarm and Detection Systems *see* section 907.1.2 above for applicable requirements.

3. Tier Three, Record Drawings - As built plans shall be provided to the building owner for all fire protection and life safety systems that are sealed as reviewed and approved by the *registered design professional* of legally recognized professional performing Construction Control. Where changes to original shop drawings are minor, a list of as-built changes shall be permitted to be submitted where sealed and reviewed and approved by the *registered design professional* or legally recognized professional performing Construction Control.