



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

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

**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:**

**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
<b>No. Of Floors-Stories</b>		
<b>Total Area</b>		

**SECTION 8: USE GROUP-(CHECK AS APPLICABLE)**

**SECTION 9: CONSTRUCTION TYPE**

A-Assembly	A-1 <input type="checkbox"/>	A-2 - <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	1A- <input type="checkbox"/>	1B- <input type="checkbox"/>
B Business	<input type="checkbox"/>					IIA- <input type="checkbox"/>	
E Educational	<input type="checkbox"/>					IIB- <input type="checkbox"/>	
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			IIC- <input type="checkbox"/>	
H High hazard	<input type="checkbox"/>					IIIA- <input type="checkbox"/>	
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	I-4 <input type="checkbox"/>	IIIB- <input type="checkbox"/>	
M Mercantile	<input type="checkbox"/>					IV- <input type="checkbox"/>	
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	R-4 <input type="checkbox"/>	VA- <input type="checkbox"/>	
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <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 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 <b>BUILDING</b>	\$
<b>Total:</b>	

**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 \$10.00 per Thousand (1%).

**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 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: \_\_\_\_\_

**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: \_\_\_\_\_

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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)*

**Prescriptive**  
(Chapter 4)

- Repairs
- Alteration
- Addition
- Change of Occupancy

**Work area**  
(Chapters 5 – 13)

- Repairs-Chapter 5
- Alteration-*(check only one box)*
- Level 1: Chapter 7
- Level 2: Chapter 7 & 8
- Level 3: Chapter 7, 8 & 9
- Change of Occupancy: Chapter 10
- Additions: Chapter 11
- Historic Buildings: Chapter 12
- Relocated or Moved Buildings: Chapter 13

**Performance**  
(Chapter 14)

- Repairs
- Alteration
- Addition
- Change of Occupancy

**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 9<sup>th</sup> 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<sup>1</sup>:

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.

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## **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 contractor(s) 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.**