



The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR



Town of Reading
Building Department
16 Lowell Street
Reading MA 01867
781-942-9011

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____
Building Commissioner/Inspector of Buildings Date

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____

1.2 Assessors Map & Parcel Number
Map Number _____ Parcel Number _____

1.3 Zoning Information: _____
Zoning District _____ Property Use _____
1.4 Property Dimensions:
Lot Area (sf) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.6 Water Supply (M.G.L. c.40. § 54) Public Private
1.7 Flood Zone Information: Zone: _____ Outside Flood Zone
8 Sewage Disposal System: Municipal On site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:
Name (print) _____ Address _____
Signature _____ Telephone _____

2.2 Authorized Agent
Name (Print) _____ Address _____
Signature _____ Telephone _____

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Licensed Construction Supervisor: _____ Not Applicable
Licensed Construction Supervisor: _____ License Number _____
Address _____ Expiration Date _____
Signature _____

Registered Home Improvement Contractor Not Applicable
Company Name _____ Registration Number _____
Address _____ Expiration Date _____
Signature _____ Telephone _____

Conservation Approval Required
 Yes No
Signature: _____

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C (6))

Workers Compensation Insurance affidavit 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.

SECTION 4 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

<hr/> Name (Registrant) <hr/> Address <hr/> Signature _____ Telephone _____	Not Applicable <hr/> License Number <hr/> Expiration Date
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5.2 Registered Professional Engineer

<hr/> Name <hr/> Address <hr/> Signature _____ Telephone _____	<hr/> Area of Responsibility <hr/> Registration Number <hr/> Expiration Date
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<hr/> Name <hr/> Address <hr/> Signature _____ Telephone _____	<hr/> Area of Responsibility <hr/> Registration Number <hr/> Expiration Date
---	---

<hr/> Name <hr/> Address <hr/> Signature _____ Telephone _____	<hr/> Area of Responsibility <hr/> Registration Number <hr/> Expiration Date
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<hr/> Name <hr/> Address <hr/> Signature _____ Telephone _____	<hr/> Area of Responsibility <hr/> Registration Number <hr/> Expiration Date
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5.3 General Contractor

<hr/> Company Name <hr/> Responsible In Charge of Construction <hr/> Address <hr/> Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>
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SECTION 6 - DISRIPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

Use Group (Check as Applicable)						Construction Type	
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-5 <input type="checkbox"/>	1A <input type="checkbox"/>	1B <input type="checkbox"/>
B Business	<input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>			2A <input type="checkbox"/>	
E Educational	<input type="checkbox"/>					2B <input type="checkbox"/>	
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C <input type="checkbox"/>	
H High Hazard	<input type="checkbox"/>					3A <input type="checkbox"/>	
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	1-2 <input type="checkbox"/>	1-3 <input type="checkbox"/>		3B <input type="checkbox"/>	
M Mercantile	<input type="checkbox"/>					4 <input type="checkbox"/>	
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		5A <input type="checkbox"/>	
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>			5B <input type="checkbox"/>	
U Utility	<input type="checkbox"/>	Specify: _____					
M Mixed Use	<input type="checkbox"/>	Specify: _____					
S Special Use	<input type="checkbox"/>	Specify: _____					

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS AND/OR CHANGE IN USE

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

SECTION 8 - BUILDING AND HIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or Stories Include Basement Levels		
Floor Area Per Floor (SF)		
Total Area (SF)		
Total Height		

SECTION 9 STRUCURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Peer Review Required Yes... No...

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I _____ as owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this permit application.

Signature of Owner _____ Date _____

SECTION 10b - OWNER / AUTHORIZED AGENT DECLARATION

I, _____ as owner / authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
 Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner / Agent _____ Date _____

SECTION 6- ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		1. Building	
2. Electrical		(b) Estimated Total Cost of Construction from	
3. Plumbing		*Building Permit Fee	
4. Fire Protection		(a) x (b)	
5. Mechanical (HVAC)		Check Number	
6. Total = (1+2+3+4+5)			

*All Building, Wiring, Plumbing, Fire Suppression and Alarm Permit Fees will be paid by the general contractor or owner at the time of issuance.

THIS SECTION FOR OFFICIAL USE ONLY

PERMIT FEE BREAKDOWN			
ESTIMATED COST: _____			NOTES::
TYPE	MULTIPLIER	FEE	
Building			
Electrical			
Plumbing			
Gas			
Sprinklers			
Mechanical			
Total			

Dumpster Permit Required
\$50 Fee (for 3-month permit)

- Will there be a dumpster at the work site: Yes No

- Dumpster Permit applied for on _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box: 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		4. <input type="checkbox"/> 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. ‡ 5. <input type="checkbox"/> 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): 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> Other _____
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* 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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

CONSTRUCTION CONTROL – TOWN OF READING

PROJECT: _____

PROJECT OWNER: _____

PROJECT LOCATION: _____

ARCHITECT/ENGINEER: _____

In accordance with Section 116.0 of the Massachusetts State Building Code:

I _____, Registration No. _____,

being a registered Professional Engineer/Architect, hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- Entire Project Architectural Structural Mechanical
 Fire Protection Electrical Other (Specify) _____

for the above named project and that, to the best of my knowledge, such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all acceptable engineering practices and applicable laws and ordinances for the proposed use and occupancy.

I further certify that I shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved for the Building Permit and shall be responsible for the following as specified in Section 116.2.2:

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for the Building Permit, and approval for conformance to the design concept.
2. Review and approval of the quality control procedure for all code required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the accepted engineering practices standard listed in Appendix B.

Pursuant to Section 116.2.3, I shall submit periodically a progress report together with pertinent comments to the Town of Reading Building Inspector. Upon completion of the work I shall submit a final report as to the satisfactory completion and readiness of the project for occupancy.

Signature: _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____ My Commission Expires: _____

SECTION 111.14 - POSTING OF PERMIT

A true copy of the building permit shall be kept on the site of operations, open to public inspection during the entire time of prosecution of the work and until the completion of the same.

This means that work shall not start until the permit is issued and posted at the site.

780 CMR - 111.0 Permits

Massachusetts State Code allows **30 days** from when the permit application is submitted **correctly** (with all necessary information, signatures and fees) for the issuance of a Building Permit.