

Building Commissioner  
Zoning Official



Ritter Memorial Building  
960 Massachusetts Avenue  
Lunenburg, MA 01462  
Phone: 978 582 4146 x1  
Fax: 978 582 4353

## *Town of Lunenburg Building Department*

PROPERTY ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PROPOSED CONSTRUCTION PROJECT \_\_\_\_\_

Before submitting a building permit application, the following departments may need to sign off. Please check with Building Department staff.

TAX COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_

CONSERVATION COMMISSION \_\_\_\_\_ DATE \_\_\_\_\_

BOARD OF HEALTH \_\_\_\_\_ DATE \_\_\_\_\_

FIRE DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

PLANNING DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

SEWER DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_  
(If on public sewer)



## The Commonwealth of Massachusetts

### Department of Public Safety

Massachusetts State Building Code (780 CMR)

### 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 Official: \_\_\_\_\_

#### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

#### 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  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 2)

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 Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

#### 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-2  Nightclub  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 Description: \_\_\_\_\_

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

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

|  |  |   |  |   |
|--|--|---|--|---|
| Water Supply:<br>Public <input type="checkbox"/><br>Private <input type="checkbox"/> | Flood Zone Information:<br>Check if outside Flood Zone <input type="checkbox"/><br>or identify Zone: _____ | Sewage Disposal:<br>Indicate municipal <input type="checkbox"/><br>or on site system <input type="checkbox"/> | Trench Permit:<br>A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/> | Debris Removal:<br>Licensed Disposal Site <input type="checkbox"/><br>or specify: _____ |
|--|--|---|--|---|

Railroad right-of-way:

Not Applicable

Hazards to Air Navigation:

[MA Historic Commission Review Process](#):

or Consent to Build enclosed

Is Structure within airport approach area?

Is their review completed?

Yes  or No

Yes  No

#### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**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 apply for and 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 1)**If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here .Otherwise provide [construction control forms](#) (see section 107 in the code) as required.**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

|                   |               |                |     |                     |                 |
|-------------------|---------------|----------------|-----|---------------------|-----------------|
| 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) | Total Construction Cost (from Item 6) = \$ _____   |
| 1. Building           | \$ _____                               | Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____. |
| 2. Electrical         | \$ _____                               |  |
| 3. Plumbing           | \$ _____                               |  |
| 4. Mechanical (HVAC)  | \$ _____                               |  |
| 5. Mechanical (Other) | \$ _____                               |  |
| 6. Total Cost         | \$ _____                               |  |

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 Email Address

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

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

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

# 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



**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:

- I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
- I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
- 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.
- 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.‡
- 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):

- New construction
- Remodeling
- Demolition
- Building addition
- Electrical repairs or additions
- Plumbing repairs or additions
- Roof repairs
- 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 #: \_\_\_\_\_