



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application to Construct, Repair, Renovate or Demolish any
Building other than a One- or Two-Family Dwelling

Code and Other Requirements for Building Permits

The Department of Public Safety has issued these building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise, the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application, that no outstanding property taxes, water fees, etc. exist.

Filing Instructions

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the local city or town where the work will be done.
2. 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.
3. Please 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. The check is to be made payable to the local city or town where the work will be done.



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

VP Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION (Please indicate Assessor's Map# and Lot# for locations for which a street address is not available)

No. and Street City /Town Zip Code Name of Building or Business Name

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 1)

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: _____

ESTIMATED START DATE: _____ **ESTIMATED END DATE:** _____

→SIGNATURE FROM TAX COLLECTOR THAT ALL TAXES ARE PAID TO DATE: _____

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: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or Identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or On site system <input type="checkbox"/>	Trench Permit: A trench <u>will not</u> be required <input type="checkbox"/> or trench permit <u>is</u> enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> Or specify: _____
Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>		MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

TOWN OF WARE BY-LAW: TAX COLLECTOR MUST SIGN OFF ON ALL APPLICATIONS BEFORE THEY CAN BE SUBMITTED TO BUILDING DEPARTMENT

APPLICATION MUST BE FILLED OUT COMPLETELY

SECTION 9: OWNERS INFORMATION.

Name and Address of Property Owner

 Name Street Address City/Town State 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 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 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **Check Here** & skip Section 10.1)

10.1 REGISTERED PROFESSIONAL RESPONSIBLE FOR CONSTRUCTION CONTROL

_____ Name (Registrant)	_____ Telephone No.	_____ Email address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State Zip	_____ Discipline Expiration Date

10.2 GENERAL CONTRACTOR INFORMATION – PLEASE PROVIDE COPY OF CSL, WORKER'S COMP AND LIABILITY

 Company Name

 Name of Person Responsible for Construction License No. & Type if Applicable

 Street Address City/Town State Zip

 Telephone No. (business) Telephone No. (cell) Email 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)	FEE: \$7 PER 1,000 ESTIMATED COST OF PROJECT OR PORTION THEREOF (\$40 MIN)
1. Building	\$	<p align="center">NEW CONSTRUCTION (HOUSE/GARAGE/ADDITION) AND MAJOR REMODELING PROJECTS: FEE WILL BE CALCULATED BY BUILDING COMMISSIONER, USING THE FOLLOWING FORMULA: TOTAL SF x SF OF CONSTRUCTION COST (ICC TABLE) X PERMIT FEE MULTIPLIER (0.0070) = PERMIT FEE</p> <p align="center">Building Permit Fee \$ _____</p> <p align="center">check or money order only, payable to: <u>Town of Ware</u></p>
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.

 Please print and sign name Title Telephone No.

 Street Address City/Town State Zip

Municipal Inspector to fill out this section upon application approval: _____
 Name Date

WHAT ADDRESS DO YOU WANT PERMIT MAILED TO: _____

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 for this. 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. Work started prior to approval may be subjected to **triple the original permit fee.**

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		