



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



City of Medford
 Office of the Building Commissioner
 City Hall Room 115a
 Telephone (781) 393-2509

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

This Section For Official Use Only

Building Permit Number: _____	Date Issued: _____
Commissioner: _____	Date: _____

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____ _____		1.2 Zoning Information: _____ Zoning District _____ Building Use _____			
1.3 Property Dimensions: _____ Zoning District _____ Proposed Use _____ Height of Structure _____		Is property in Historical District? YES <input type="checkbox"/> NO <input type="checkbox"/>			
1.4 Building Setbacks (ft):					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
_____	_____	_____	_____	_____	_____
1.5 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.7 Sewage Disposal System Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:	
Name (Print) _____	Address for Service: _____
Signature _____ Telephone _____	_____
2.2 Authorized Agent:	
Name (Print) _____	Address for Service: _____
Signature _____ Telephone _____	_____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:	Not Applicable <input type="checkbox"/>
Licensed Construction Supervisor _____	License Number _____
Address _____	Expiration Date _____
Signature _____ Telephone _____	
3.2 Registered Home Improvement Contractor:	Not Applicable <input type="checkbox"/>
Company Name _____	Registration Number _____
Address _____	Expiration Date _____
Signature _____ Telephone _____	

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.

Signed Affidavit Attached Yes..... No.....

SECTION 5 - 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:

Not Applicable

Name (Registrant)

Registration Number

Address

Expiration Date

Signature

Telephone

5.2 Registered Professional Engineer(s):

Name

Area of Responsibility

Address

Registration Number

Signature

Telephone

Expiration Date

Name

Area of Responsibility

Address

Registration Number

Signature

Telephone

Expiration Date

Name

Area of Responsibility

Address

Registration Number

Signature

Telephone

Expiration Date

Name

Area of Responsibility

Address

Registration Number

Signature

Telephone

Expiration Date

Name

Area of Responsibility

Address

Registration Number

Signature

Telephone

Expiration Date

5.3 General Contractor:

Not Applicable

Company Name

Responsible In Charge of Construction

Address

Signature

Telephone

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <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-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	1A <input type="checkbox"/>	1B <input type="checkbox"/>
B Business <input type="checkbox"/>						2A <input type="checkbox"/>	2B <input type="checkbox"/>
E Educational <input type="checkbox"/>						2C <input type="checkbox"/>	3A <input type="checkbox"/>
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>				3B <input type="checkbox"/>	4 <input type="checkbox"/>
H High Hazard <input type="checkbox"/>						5A <input type="checkbox"/>	5B <input type="checkbox"/>
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>				
M Mercantile <input type="checkbox"/>							
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>				
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <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 BUILDING UNDERGOING RENOVATIONS, ADDITIONS 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 HEIGHT 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 (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering 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 building 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.

Signature of Owner / Agent _____

Date _____

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimate Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1+2+3+4+5)		Check Number:	Cash <input type="checkbox"/>