

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS  
 THE MASSACHUSETTS STATE BUILDING CODE

 <p><b>The Commonwealth of Massachusetts                  State Board of Building Regulations and Standards                  Massachusetts State Building Code                  780 CMR</b></p>	FOR MUNICIPALITY USE
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                      Proposed Use	1.4 Property Dimensions: _____ Lot Area (sf)                      Frontage (ft)																		
1.5 Building Setbacks (ft)																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yards</th> <th colspan="2">Rear Yard</th> </tr> <tr> <td style="width:50%;">Required</td> <td style="width:50%;">Provided</td> <td style="width:50%;">Required</td> <td style="width:50%;">Provided</td> <td style="width:50%;">Required</td> <td style="width:50%;">Provided</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> <td></td> </tr> </table>	Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided			/	/			1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
		/	/																
1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>	1.8 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: _____ 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**

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

_____ Name (Registrant): _____ Address _____ _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ Registration Number _____ Expiration Date _____
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**5.2 Registered Professional Engineer(s):**

_____ Name _____ Address _____ _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
_____ Name _____ Address _____ _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
_____ Name _____ Address _____ _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____
_____ Name _____ Address _____ _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date _____

**5.3 General Contractor**

_____ Company Name:	Not Applicable <input type="checkbox"/>
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_____ Responsible In Charge of Construction		
_____		
_____ Address		
_____ Signature	_____ Telephone	

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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"/>	
B Business	<input type="checkbox"/>						1A <input type="checkbox"/>
E Educational	<input type="checkbox"/>						1B <input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>				2A <input type="checkbox"/>
H High Hazard	<input type="checkbox"/>						2B <input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>			2C <input type="checkbox"/>
M Mercantile	<input type="checkbox"/>						3A <input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>			3B <input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>				4 <input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____					5A <input type="checkbox"/>
M Mixed Use	<input type="checkbox"/>	Specify: _____					5B <input type="checkbox"/>
S Special Use	<input type="checkbox"/>	Specify: _____					
COMPLETE THIS SECTION IF EXISTING 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..... <input type="checkbox"/>	No..... <input type="checkbox"/>

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

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**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.

\_\_\_\_\_

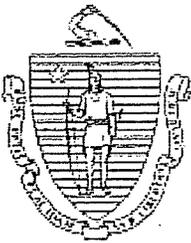
Print Name

\_\_\_\_\_

Signature of Owner/Agent Date

**SECTION 11 - ESTIMATED CONSTRUCTION COSTS**

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



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

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>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. ‡</p> <p>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.]</p>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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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 # _____
<b>Issuing Authority (circle one):</b>	
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."

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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.

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.

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