



The Commonwealth of Massachusetts

Department of Public Safety
Massachusetts State Building Code (780 CMR)

Building Permit Application

to Construct, Repair, Renovate or Demolish a Building

Other than a One- or Two-Family Dwelling

Requirements for Building Permits

Permit requirements are specified in Chapter 1 of the MA State Building Code. Applicants should review the requirements to avoid common problems. The standard form below incorporates the code requirements and is provided for use by municipalities to achieve permit consistency across the State. Municipalities may use a variant of this form but it must contain at least the same information. Please contact the municipality where the work will be done for the proper form or follow the instructions below if this standard form is acceptable.

Filing Instructions

1. Complete the application below in the normal manner. Sign after all edits are done.
2. Once complete and signed, save it by going to **File**, then **Save As**.
Important: You will need to know where you saved it for Step 3.
If you have other documents to include such as WC affidavit, plans, etc. please also save them as PDFs. You will be able to upload them after paying for the permit.
3. Next, log in to the [Dracut online permitting website](#). Follow the instructions to upload your completed form. It will then allow you to pay for the permit.
4. Having completed the payment you will be able to upload any additional documents and download and print a copy for your records. When the application has been approved you will receive an email with the permit number, etc.

Thank you.

Please continue below.



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: _____

Red Fields are required.

SECTION 1: LOCATION

_____	DRACUT	_____	01826	_____
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

Existing Building	Repair	Alteration ^{below}	Addition	Demolition	(Please fill out and submit Appendix 2)
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Change of Use	Change of Occupancy	Other	Specify: _____
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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

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: Public Private	Flood Zone Information: Check if outside Flood Zone or indentify Zone: _____	Sewage Disposal: Indicate municipal or on site system	Trench Permit: A trench will not be required or trench permit is enclosed	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way:
Not Applicable
or Consent to Build enclosed

Hazards to Air Navigation:
Is Structure within airport approach
area? Yes or No

[MA Historic Commission Review Process:](#)
Is their review completed?
Yes No N/A

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 <u>0.01</u> = \$ _____
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. _____ 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.

Appendix 2
(For total demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other (if applicable)	