
 <p><b>The Commonwealth of Massachusetts</b>  <b>State Board of Building Regulations and Standards</b>  <b>Massachusetts State Building Code</b>  <b>780 CMR</b></p>	 <p><b>Town of Northbridge</b>  <b>Building Department</b></p>
<b>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING</b>	

This Section For Official Use Only	
Building Permit Number: _____	Date Issued: _____
Signature: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Building Commissioner/Inspector of Buildings</span> <span>Date</span> </div>	

**SECTION 1 - SITE INFORMATION**

<b>1.1 Property Address:</b> _____ _____ _____	<b>1.2 Assessors Map &amp; Parcel Number:</b> _____ Map Number _____ Parcel Number _____																		
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____	<b>1.4 Property Dimensions:</b> Lot Area (sf) _____ Frontage (ft) _____																		
<b>1.5 Building Setbacks (ft)</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yards</th> <th colspan="2">Rear Yard</th> </tr> <tr> <td>Required</td> <td>Provided</td> <td>Required</td> <td>Provided</td> <td>Required</td> <td>Provided</td> </tr> <tr> <td> </td> <td> </td> <td>/</td> <td>/</td> <td> </td> <td> </td> </tr> </table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided			/	/		
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
		/	/																
<b>1.6 Water Supply (M.G.L. c. 40, § 54)</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone <input type="checkbox"/>																		
<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>																			

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

<b>2.1 Owner of Record:</b> Name (Print) _____ Address: _____ Signature _____ Telephone _____	
<b>2.2 Authorized Agent:</b> Name (Print) _____ Address: _____ Signature _____ Telephone _____	

**SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**

<b>3.1 Licensed Construction Supervisor:</b> Licensed Construction Supervisor: _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> License Number _____ Expiration Date _____
<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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**THE MASSACHUSETTS STATE BUILDING CODE**

<b>SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))</b>	
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..... <input type="checkbox"/> No..... <input type="checkbox"/>	
<b>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)</b>	
<b>5.1 Registered Architect:</b>	
Name (Registrant): _____  Address _____  Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>  Registration Number _____  Expiration Date _____
<b>5.2 Registered Professional Engineer(s):</b>	
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 _____
<b>5.3 General Contractor</b>	
Company Name: _____  Responsible In Charge of Construction _____  Address _____  Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>

<b>SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)</b>					
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: _____ _____ _____					

<b>SECTION 7 - USE GROUP AND CONSTRUCTION TYPE</b>						
<b>USE GROUP (Check as applicable)</b>					<b>CONSTRUCTION TYPE</b>	
<b>A</b> Assembly <input type="checkbox"/>	<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
<b>B</b> Business <input type="checkbox"/>						<input type="checkbox"/> 1B
<b>E</b> Educational <input type="checkbox"/>						<input type="checkbox"/> 2A
<b>F</b> Factory <input type="checkbox"/>	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/>			<input type="checkbox"/> 2B
<b>H</b> High Hazard <input type="checkbox"/>						<input type="checkbox"/> 2C
<b>I</b> Institutional <input type="checkbox"/>	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3			<input type="checkbox"/> 3A
<b>M</b> Mercantile <input type="checkbox"/>						<input type="checkbox"/> 3B
<b>R</b> Residential <input type="checkbox"/>	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3			<input type="checkbox"/> 4
<b>S</b> Storage <input type="checkbox"/>	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/>			<input type="checkbox"/> 5A
<b>U</b> Utility <input type="checkbox"/>	Specify: _____					<input type="checkbox"/> 5B
<b>M</b> Mixed Use <input type="checkbox"/>	Specify: _____					
<b>S</b> Special Use <input type="checkbox"/>	Specify: _____					

<b>COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE</b>	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 34): _____	Proposed Hazard Index 780 CMR 34): _____

<b>SECTION 8 - BUILDING HEIGHT AND AREA</b>		
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)		

<b>SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)</b>	
Independent Structural Engineering Structural Peer Review Required	Yes..... <input type="checkbox"/> No..... <input type="checkbox"/>

<b>SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT</b>	
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	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		<b>Building Permit Fee</b> <b>(a) x (b)</b>	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	