



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR) Seventh Edition

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

CODE REQUIREMENTS FOR BUILDING PERMITS

- **780 CMR** (The State Building Code), Section 110.1 indicates that "It shall be unlawful to construct, reconstruct, alter, repair, remove or demolish a building or structure; or to change the use or occupancy of a building or structure; or to install or alter any equipment for which provision is made or the installation of which is regulated by 780 CMR without first filing a written application with the building official and obtaining the required permit therefore."
- **Section 110.2.1** indicates that "A building permit shall be required for temporary structures, unless exempted by 780 CMR 110.3. Such permits shall be limited as to time of service, but such temporary construction shall not be permitted for more than one year."
- **Section 110.5** indicates that "Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either. If application is made other than by the owner, the written authorization of the owner shall accompany the application. Such written authorization shall be signed by the owner, or shall grant permission to the lessee to apply for the permit. The full names and addresses of the owner, lessee, applicant and the responsible officers, if the owner or lessee is a corporate body, shall be stated in the application."
- **Section 114.1** indicates that "A permit to begin work for new construction, alteration, removal, demolition or other building operation shall not be issued until the fees prescribed in 780 CMR 114.0 shall have been paid to the department of building inspection or other authorized agency of the jurisdiction, nor shall an amendment to a permit necessitating an additional fee be approved until the additional fee has been paid."

FILING INSTRUCTIONS

1. The application **NEEDS TO BE COMPLETED** and returned with all associated construction documents to: Town of Orange, Building Department, 135 East Main Street, Orange, Massachusetts 01364.
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 Town of Orange.
4. **All** sections of the application **MUST** be completed (or if not applicable N/A) and the proper construction documents attached or the permit will be denied and you will need to reapply and **submit an additional \$100.00 plan review fee.**
5. If you are applying for a DEMOLITION permit you need to include appendix 1, if the permit is governed by 780 CMR 116 (control construction) you need to submit appendix 2.
6. If you have questions you may contact the Orange Building Department at 978-544-1105 or e-mail building@townoforange.org



The Commonwealth of Massachusetts
Department of Public Safety
 Massachusetts State Building Code (780 CMR) Seventh Edition
Building Permit Application for other than a One- or Two-Family Dwelling



(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Inspector: _____

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

Building Owner _____ No. and Street _____ Assessor's Map# _____ Lot# _____

SECTION 2: PROPOSED WORK

Building Setbacks (ft) Front Yard _____ Closest Side Yard _____ Rear Yard _____ Lot area _____ Lot Frontage _____

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: _____

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an **Existing Building Evaluation** is enclosed (See 780 CMR 3402.0)

Existing Use Group(s): _____ Proposed Use Group(s): _____
 Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

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-2r A-2nc 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 indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: No trench <input type="checkbox"/> or permit application and \$35 fee is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
---	--	--	--	--

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

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
 Does the building contain a Sprinkler System?: Yes No Special Stipulations: _____

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 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** and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

_____ 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)	Building Permit Fee = Sq. Ft. Floor Area _____ x Fee Schedule for construction type and use group. \$ _____ (see Attached) Or if Sq. Ft. Floor area does not apply Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x \$5.00 per thousand of construction cost, (signed contract must be provided) = \$ _____ Note: Minimum fee = \$50.00 Enclose check payable to Town of Orange and write check number here _____
1. Building	\$ _____	
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 and attached construction documents, 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 _____

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

Name _____ Date _____

Appendix 1

For the demolition of structures the building code requires action on service connections.

780 CMR 112.0 DEMOLITION OF STRUCTURES

112.1 Service Connections. Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 111.5.

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 (Please indicate Block # and Lot # for locations for which a street address is not available)

Property Owner	No. and Street	Map #	Lot #
----------------	----------------	-------	-------

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Provider notified, Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Municipal Sewer	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Provider notified, Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Well/Septic	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	B.O.H. notified, Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Provider notified, Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Provider notified, Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous Materials Removed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Dept. notified, Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>

The following departments must be notified and a release obtained or authorized signature below:

Water Department	978-544-1115	Authorized Signature: _____
Waste Water Department	978-544-1114	Authorized Signature: _____
Board of Health	978-544-1107	Authorized Signature: _____
Gas Inspector	978-544-8050	Authorized Signature: _____
Inspector of Wires	978-544-1105	Authorized Signature: _____
Fire Department	978-544-3145	Authorized Signature: _____

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 116. 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
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip