



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 5110.1 indicates that "It shall be unlawful to construct, reconstruct, alter, repair, remove or demolish a detached one or two-family dwelling; or to install or alter any equipment for which provision is made or the installation of which is regulated by 780 CMR 51.00-99.00 without first filing a written application with the building official and obtaining the required permit therefore."
- **Section 5110.2.1** indicates that "The building official is authorized to issue a permit for temporary structures and temporary uses. Such permits shall be limited as to time of service, but shall not be permitted for more than 180 days. The building official is authorized to grant extensions for demonstrated cause."
- **Section 5110.5** indicates that "Application for a permit shall be made by the owner or lessee of the detached one or two-family dwelling, 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." **Note:** It shall be the responsibility of the registered contractor to obtain all permits necessary for work covered by M.G.L. c. 142A, *Regulation of Home Improvement Contractors*.
- **Section 5114.1** 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 5114.0 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 4 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. Appendix 1 needs to be included with all applications and if you are applying for a DEMOLITION permit you need to include 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
Board of Building Regulations and Standards
Massachusetts State Building Code, 7th edition



Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers
Map Number _____ Parcel Number _____

1.3 Zoning Information: _____
Zoning District _____ Proposed Use _____

1.4 Property Dimensions:
Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Closest Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)
Public Private

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone?
Check if yes

1.8 Sewage Disposal System:
Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____
Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard from Fee Schedule: Sq. Ft. _____ x _____ = _____ <input type="checkbox"/> Total Project Cost (Item 6) _____ x \$5.00/k = _____ Minimum Permit fee \$35.00 Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

Appendix 1

Circle appropriate choice(s) and explain:

WOODSTOVE: **New** **Existing**

Type: Radiant Circulating Manufacturer _____

Model Name/Number _____ Test Label # _____

Dimensions: Height _____ Length _____ Width _____ Collar Size _____

CHIMNEY: **New** **Existing**

Type: Masonry Lined Unlined Flue Liner Material _____

 Metal Manufacturer _____ Model _____

Flue Size _____ Other appliances attached to flue _____ Combined area of all _____

Circle appropriate choice(s) Y=Yes N=No:

Roofing:

Pitch ___/12 Strip Existing: Y N Number of layers existing _____ Sheathing or Framing Work Y N

Roof Covering Material _____ Underlayment Material _____

Siding:

Remove existing siding: Y N Underlayment Material _____ Insulation Y N R _____

Existing Siding _____ Replacement Siding Materials _____

Replacement Windows:

Type of Unit: _____ Unit U-Value _____ Framing Alteration Y N

Bedroom Egress Y N (if yes dimension of opening) _____

In accordance with the provisions of Massachusetts General Law Ch. 40, Sec. 54 a condition of this permit is that the debris Resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Ch. 111 Sec. 150A.

Name & address of disposal facility or hauler:

Name _____

Address _____

Is this structure within any airport approaches subject to M.G.L. c. 90, § 35B

Yes No

Is this structure on a railroad right-of-way subject to M.G.L. c. 40, § 54A

Yes No

I am a Homeowner obtaining a building permit & I am acting as the general contractor & I understand I will **not** have access to provisions of M.G.L. c. 142A.

Signed _____

TO BE COMPLETED FOR EXISTING BUILDINGS

Is this project adding or creating any new sleeping rooms.

Yes No

If yes above:

Does the plan show compliance with 780 CMR § 9304.8 alarm systems. **Yes** **No**

Does the building have an on site sewage disposal system.

Yes No

If yes above:

Health Agent Approval is needed when adding additional sleeping rooms, additions, decks or accessory bldg.

Signed _____

Appendix 2

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

780 CMR 5112.0 DEMOLITION OF STRUCTURES

5112.1 Service Connections. Before a detached one or two-family dwelling 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 detached one or two-family dwelling 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 5111.5.

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: _____