



The Commonwealth of Massachusetts

Office of Public Safety and Inspections
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

- Complete the application. The application is available in Word or PDF format so check to see what is acceptable to the local building official.
- Include construction documents, specifications, and other materials required.
- Check if the local municipality requires confirmation that property taxes, water fees, etc. are not outstanding.
- Also, check if the local building official requires construction control forms (see section 107 in the building code) with this application.
- Submit the application package with a check made payable to the municipality for the fee as determined by the municipality.



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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: _____

SECTION 1: LOCATION

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 below

Existing Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 2)

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 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 <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: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/> | Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____ |
|---|--|--|---|--|

| | | |
|---|--|--|
| Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/> | Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/> | MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

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) | |
|-----------------------|--|--|
| 1. Building | \$ _____ | Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____. Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____ |
| 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.

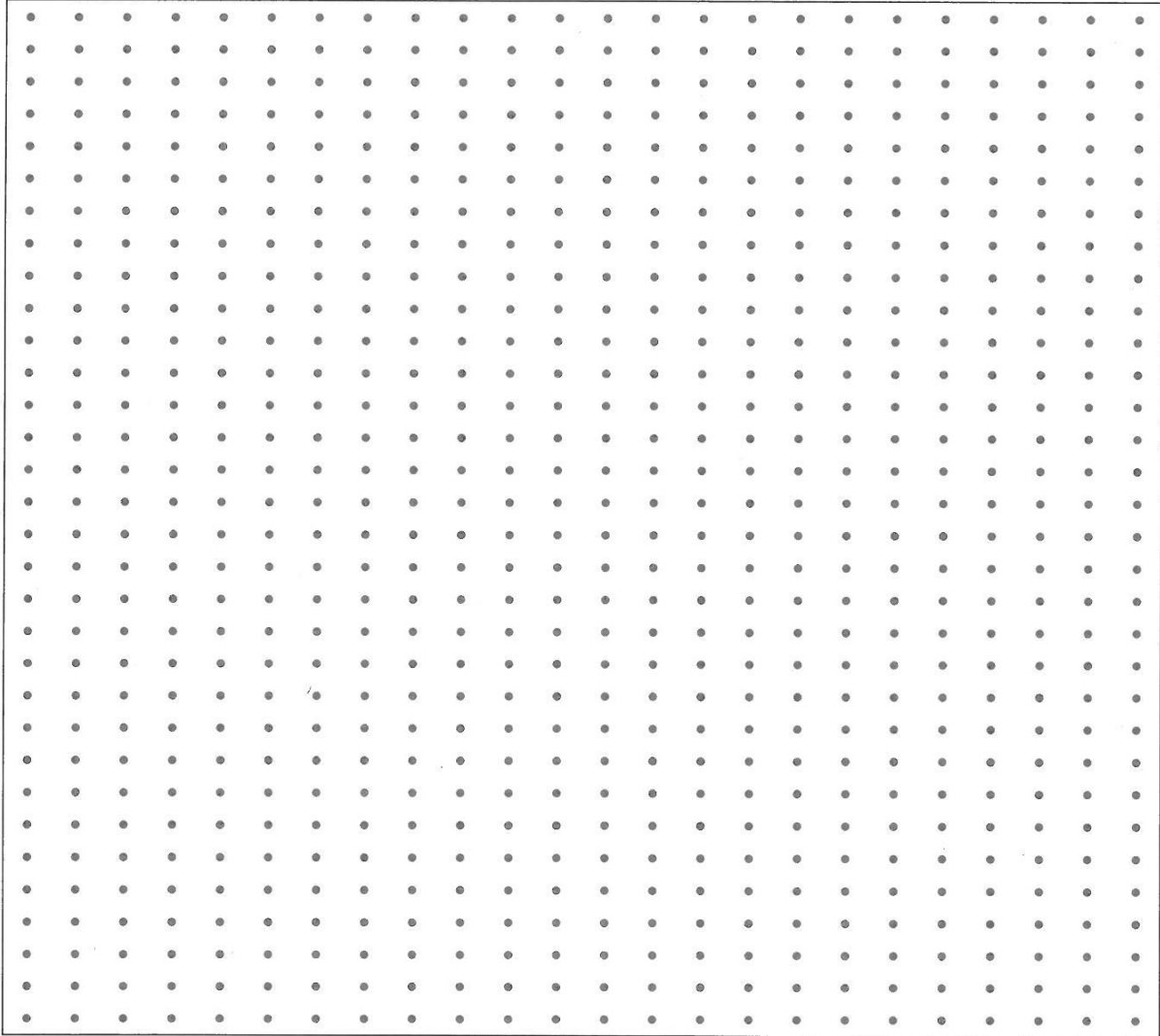
_____ Please print and sign name _____ Title _____ Telephone No. _____ Date _____

_____ Street Address _____ City/Town _____ State _____ Zip _____ Email Address _____

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

Plot Plan

Show all structures on lot existing or proposed



Front Property Line

Please indicate setbacks for all proposed work



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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 #: _____

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

*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 #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):
 1 Board of Health 2 Building Department 3 City/Town Clerk 4 Electrical Inspector 5 Plumbing Inspector 6 Other _____

Contact Person: _____ Phone #: _____



Commonwealth of Massachusetts

Town of Agawam

Building Department

1000 Suffield Street Agawam, MA 01001 | (413) 821-0632

DEBRIS DISPOSAL AFFIDAVIT

In accordance of the provisions of M.G.L. Chapter 40, section 54, I acknowledge that as a condition of the building permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by M.G.L. Chapter 111, section 150A.

Disposal/Dumpster Firm Name

Construction Site Address

Signature of Permit Applicant

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.

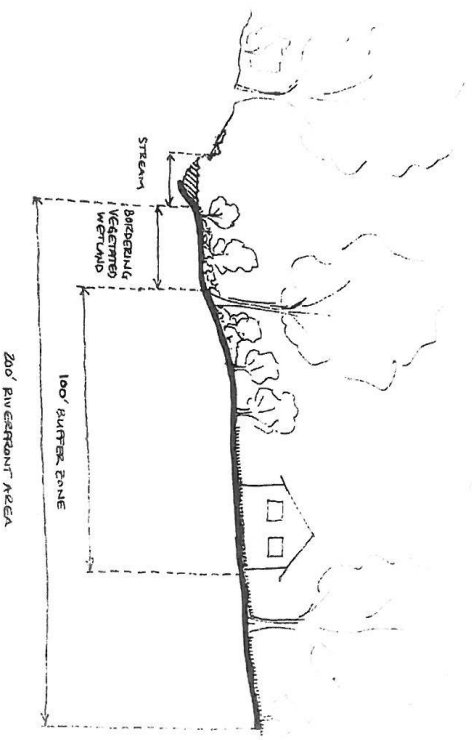
Property Location

| | | | |
|-----------------|----------------------|-----|----------------------------------|
| 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) | |

Wetland Resource Areas and Buffer Zones



LIVING WITH WETLANDS

A Guide to
Wetland Protection Laws
in Agawam



Read this before you
dump, cut, or build
near wetlands.
You may need a permit.

DID YOU KNOW?

- Wetlands on both public and private property are regulated.
- You are responsible for activity that occurs on your property. Before you hire a tree company, landscaper, or contractor call the Conservation office to determine if you need a permit.
- Wetlands can be wooded or meadow-like; wetlands often appear dry in the summer.
- The Conservation Commission takes enforcement action for work done without a permit.

Agawam Conservation Commission
36 Main Street
Agawam, MA 01001
Telephone: 413-786-0400 x 8737

WHAT WETLANDS ARE PROTECTED?

By law, wetlands are defined by the kind of plants that grow in them (such as jewel weed, red maples, or skunk cabbage) and the kind of soils that exist there. The Conservation staff or a wetland specialist can help you determine whether you live near a wetland.

The Commission must permit any work:

- Within 100 feet of a:
 - Swamp or marsh
 - Forested wetland
 - Vernal pool
 - Pond
 - Intermittent stream
 - Within 200 feet of a stream that flows year round
 - Within the 100-year flood zone
- Wetlands may not be wet all the time. Low areas that flood in the spring may be wetlands.



ARE BUFFER ZONES AROUND WETLANDS PROTECTED?

Yes! Buffer zones, the land within 100 feet of wetlands, are critical in maintaining health and productivity of wetlands.

Laws also regulate work within 200 feet of a stream.

WHAT ACTIVITIES ARE REGULATED?

The Conservation Commission must permit activities that will alter wetlands or their buffer zones. Regulated activities include:

- Dumping leaves, brush, grass, debris
- Cutting trees or shrubs
- Reconstructing lawns
- Building or constructing structures or a septic system
- Grading, excavating, or filling
- Changing storm water discharge
- Polluting wetlands or streams

You can maintain lawfully existing (grandfathered or permitted) structures, lawns and landscapes, and you can do some limited vista pruning of trees, but **cutting of whole trees, clearing understorey, construction, earth disturbing activities, or drainage altering activities require a permit.**

WHAT WETLAND LAWS APPLY?

The **Massachusetts Wetlands Protection Act** protects the above-mentioned wetlands and buffer zones from construction, filling, landscaping, and cutting.

WHAT'S THE APPLICATION PROCESS?

In general, you must fill out a **permit application** (we have the forms for you), notify your abutters (we have those forms too), attend a **public hearing** (it's easy), and resolve any concerns about protecting the wetlands (we help). Then you may receive a **permit** for the work.

WHAT SHOULD I DO IF I HAVE A PROJECT IN MIND?

1. Determine if your project will occur within a wetland or buffer zone – see the graphic on the back of this flyer.
2. Call the Conservation Office with questions.
3. Complete the required application.
4. Attend a public hearing.
5. Get a permit before starting work.



WHAT HAPPENS TO VIOLATORS?

Violations include unpermitted:

- Dumping of grass, leaves, brush, or debris in a wetland or buffer zone;
- Cutting of trees or shrubs within Riverfront Area, wetland, or buffer; or
- Building without a permit within Riverfront Area, wetland, or buffer.

Under the Wetland Protection Act, the Conservation Commission can require illegally altered land to be restored to its original condition.

HELP PROTECT WETLANDS!

You can do more than just obey the law.

- Do not use fertilizers, herbicides, insecticides, or deicers near wetlands.
- Encourage native vegetation and native wildlife.