



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

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

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____

Date Applied: _____

Building Official (Print Name) _____

Signature _____

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

Side Yards

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) _____

City, State, ZIP _____

No. and Street _____

Telephone _____

Email Address _____

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 City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____	
2. Electrical	\$ _____	2. Other Fees: \$ _____	
3. Plumbing	\$ _____	List: _____	
4. Mechanical (HVAC)	\$ _____	Total All Fees: \$ _____	
5. Mechanical (Fire Suppression)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____	
6. Total Project Cost:	\$ _____	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

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 No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will *not* have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

WOOD STOVE INSTALLATION CHECKLIST

MASSACHUSETTS STATE
BUILDING CODE COMMISSION

PERMIT

A building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

STOVE

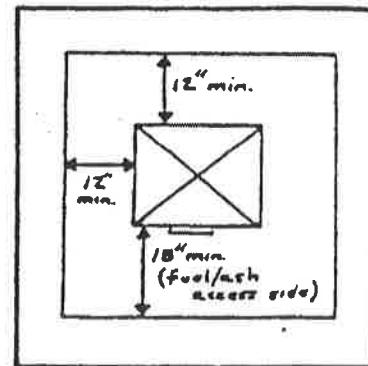
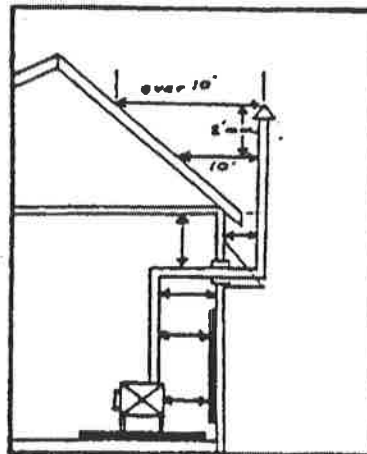
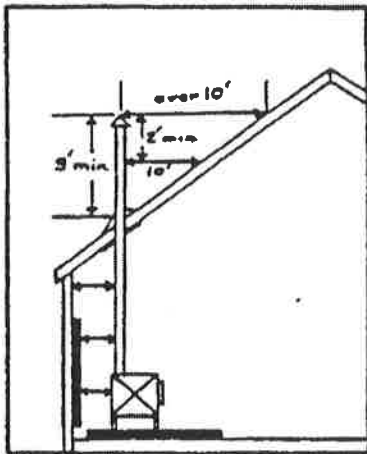
- A) Type/Radiant _____ Circulating _____
 B) Manufacturer _____ Test Label _____

(After July 1, 1979 only)

- Name/Model No. _____ Collar Size _____
 Dimensions/Height _____ Length _____ Width _____

CHIMNEY

- A) New _____ Existing _____
 B) Size (flue area) _____
 C) Other appliances attached to flue (number and flue size) _____
 D) Metal (Manufacturer - Name and Type) _____
 E) Masonry/Lined _____ Flue Liner _____
 Unlined _____ Type & Manufacturer _____
 F) Height (refer to diagrams) _____ Cap _____



Hearth

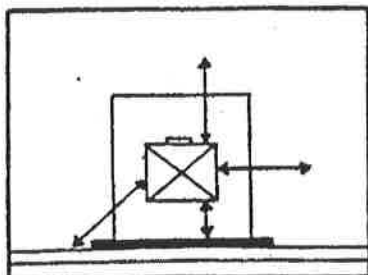
Chimney Height

HEARTH

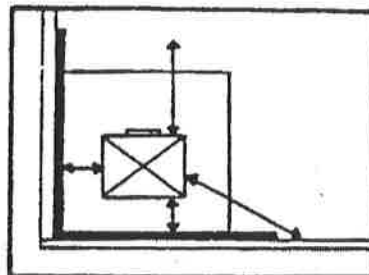
- A) Materials _____
 B) Sub-floor construction _____
 C) Minimum dimensions (refer to diagram)

CLEARANCE AND WALL PROTECTION (see stove installation clearances chart)

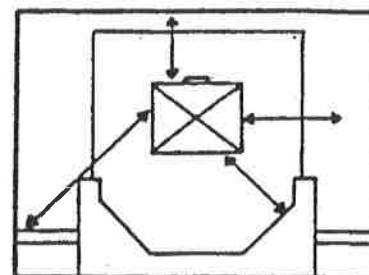
- A) Type of wall protection provided _____
 B) Clearances (refer to diagrams)



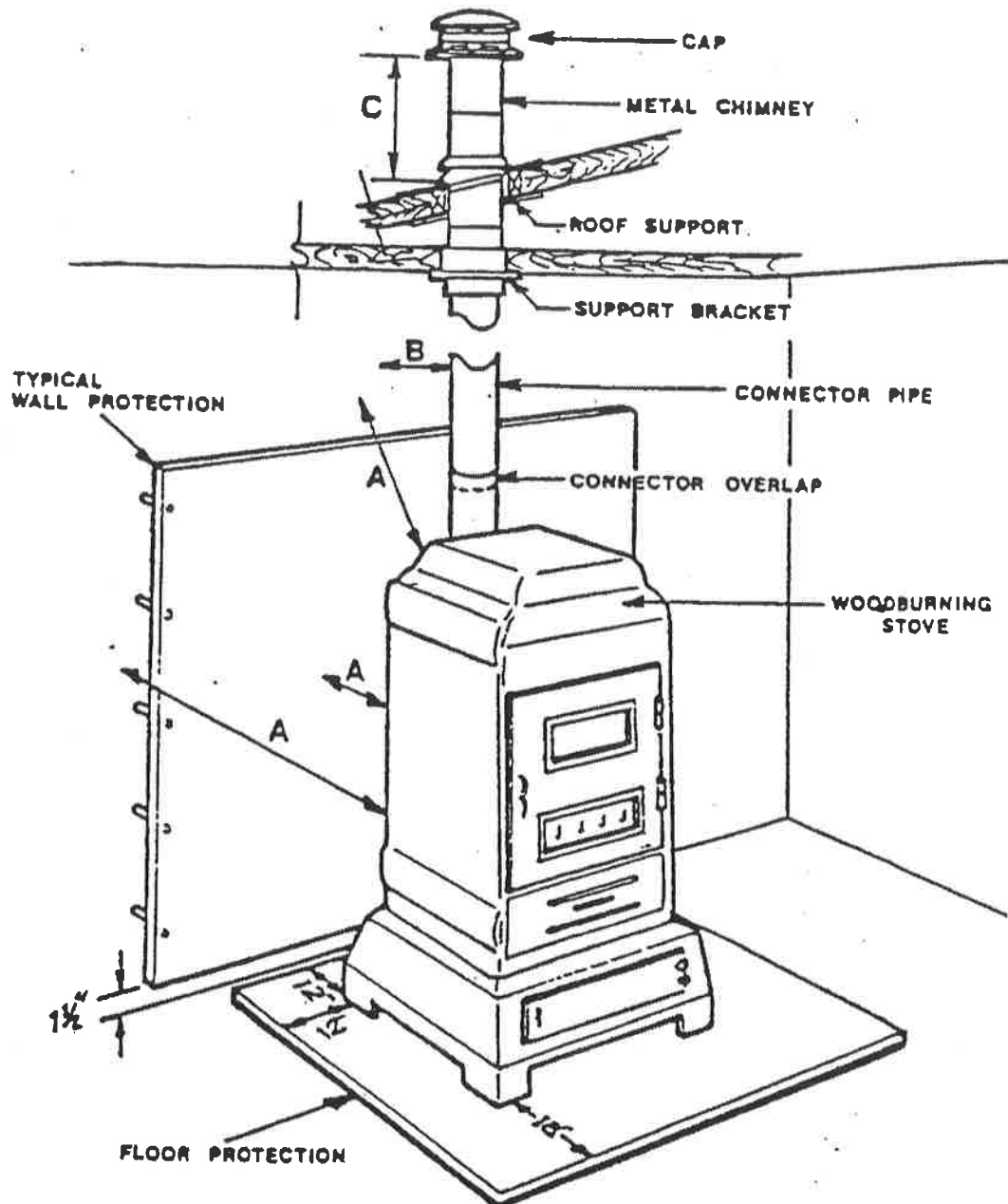
FIREPLACE



CORNER



WALL/CENTER



STOVE INSTALLATION CLEARANCES

Stove Components	TYPICAL WALL PROTECTION			
	Combustible Material	½" Cement Board Spaced out 1" 3.	Concrete/Masonry Foundation Wall	4" Brick Veneer
Radiant Stove 1. Front	36"	--	--	--
Circulating Stove 1. Front	24"	--	--	--
A. Radiant Stove 4. Side/Back	36"	18"	6"	18"
A. Circulating Stove Side/Back	12"	6"	6"	6"
B. Single Wall 2. Connector Pipe	18"	12"	6"	8"
B. Double Wall or Insulated Connector Pipe	2	2	2	2
C. Chimney Height (Metal or Masonry)	Three (3) feet above adjacent roof and Two (2) feet above any roof ridge within 10 feet			
D. Damper	If a damper is not included in the stove construction, it must be installed in the connector pipe, unless prohibited by manufactures specifications.			

1. Front: Fuel or ash access side.
2. Thimble required for passage through combustible construction.
3. Non-combustible spacers required.
4. Clearances on each side of a radiant stove with a heat shield shall be measured as if a circulating type.

For other clearance reductions see BOCA Mechanical Chapter 11.