



The Commonwealth of Massachusetts

Town of Royalston

Massachusetts State Building Code (780 CMR)

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 ☐ F-2 ☐ 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 identify 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: _____
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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"/>
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SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____
Does the building contain a 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 <input type="checkbox"/> .									
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		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 <input type="checkbox"/> No <input type="checkbox"/>									
SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE									
Item		Estimated Costs: (Labor and Materials)		Total Construction Cost (from Item 6) = \$_____					
1. Building		\$		Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = \$_____.					
2. Electrical		\$		Note: Minimum fee = \$_____ (contact municipality)					
3. Plumbing		\$		Enclose check payable to _____					
4. Mechanical (HVAC)		\$		(contact municipality) and write check number here _____					
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			

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

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Registrant)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone No.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> e-mail address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Registration Number
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City/Town	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> State	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Zip
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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)	