COMMERCIAL APPLICATION
DEPARTMENTAL APPROVAL FORM

PROPERTY ADDRESS: ____________________________________________

PROPERTY OWNER: ____________________________________________

ASSESSORS MAP & LOT NUMBER       MAP ______  LOT ____________

SIGNATURE REQUIRED

FIRE DEPARTMENT ___________________________ DATE ____________

HIGHWAY DEPT. ___________________________ DATE ____________

WATER DEPT. ___________________________ DATE ____________

SEWER DEPT. ___________________________ DATE ____________

BOARD OF HEALTH ___________________________ DATE ____________

CONSERVATION COM. ___________________________ DATE ____________

TAX COLLECTOR ___________________________ DATE ____________

ASSESSORS ___________________________ DATE ____________

PLANNING BOARD ___________________________ DATE ____________

BOARD OF APPEALS ___________________________ DATE ____________
# Building Permit Application for Any Building Other than a One- or Two-Family Dwelling

## SECTION 1: LOCATION

- **No. and Street**
- **City /Town**
- **Zip Code**
- **Name of Building (if applicable)**

## 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 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 Investigation and Evaluation is enclosed (See 780 CMR 54) □**
- **Existing Use Group(s):**
- **Proposed Use Group(s):**

## SECTION 4: BUILDING HEIGHT AND AREA

- **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:

## SECTION 6: CONSTRUCTION TYPE (Check as applicable)

- **IA □**
- **IB □**
- **IIA □**
- **IIB □**
- **IIIA □**
- **IIB □**
- **IV □**
- **VA □**
- **VB □**

## SECTION 7: SITE INFORMATION (Refer to 780 CMR 111.0 for details on each item)

- **Water Supply:**
  - Public □
  - Private □
- **Flood Zone Information:**
  - Check if outside Flood Zone □
  - or Indentify Zone:
- **Sewage Disposal:**
  - Indicate municipal □
  - or on site system □
- **Trench Permit:**
  - A trench will not be required □ or trench permit is enclosed □
- **Debris Removal:**
  - Licensed Disposal Site □
  - 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 an Sprinkler System?**
- **Special Stipulations:**
## SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>No. and Street</th>
<th>City/Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

Property Owner Contact Information:

<table>
<thead>
<tr>
<th>Title</th>
<th>Telephone No. (business)</th>
<th>Telephone No. (cell)</th>
<th>e-mail address</th>
</tr>
</thead>
</table>

If applicable, the property owner hereby authorizes __________________________ 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)

10.1 Registered Professional Responsible for Construction Control

<table>
<thead>
<tr>
<th>Name (Registrant)</th>
<th>Telephone No.</th>
<th>e-mail address</th>
<th>Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>State Zip</td>
<td>Discipline Expiration Date</td>
</tr>
</tbody>
</table>

10.2 General Contractor

Company Name

Name of Person Responsible for Construction

License No. and Type if Applicable

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone No. (business)</th>
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</tr>
</thead>
</table>

## 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

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Total Construction Cost (from Item 6) = $__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>Building Permit Fee = Total Construction Cost x (Insert here appropriate municipal factor) = $____.</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Mechanical (Other)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6. Total Cost</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Note: Minimum fee = $____ (contact municipality)

Enclose check payable to __________________________ (contact municipality) and write check number here

## 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 __________________________

Municipal Inspector to fill out this section upon application approval:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

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 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Mark “X” where applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Architectural</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Foundation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Structural</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Fire Suppression</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Fire Alarm (may require repeaters)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>HVAC</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Electrical</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Plumbing (include local connections)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Gas (Natural, Propane, Medical or other)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Surveyed Site Plan (Utilities, Wetland, etc.)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Specifications</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Structural Peer Review</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Structural Tests &amp; Inspections Program</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Fire Protection Narrative Report</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Existing Building Survey/Investigation</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Energy Conservation Report</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Architectural Access Review (521 CMR)</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Workers Compensation Insurance</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Hazardous Material Mitigation Documentation</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

*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

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<th>e-mail address</th>
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</thead>
</table>
Appendix 1

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

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City /Town</th>
<th>Zip</th>
<th>Name of Building (if applicable)</th>
</tr>
</thead>
</table>

For the above described property the following action was taken:

- Water Shut Off? Yes □ No □ Provider notified and Release obtained? Yes □ No □
- Gas Shut Off? Yes □ No □ Provider notified and Release obtained? Yes □ No □
- Electricity Shut Off? Yes □ No □ Provider notified and Release obtained? Yes □ No □

Other (if applicable) Yes □ No □ Provider notified and Release obtained? Yes □ No □

Other (if applicable) Yes □ No □
The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers’ Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

- Name (Business/Organization/Individual): ________________________________

Address: ______________________________________________________________

City/State/Zip: ___________________________ Phone #: _______________________

Are you an employer? Check the appropriate box:
1. ☐ I am an employer with _______ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers’ comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers’ comp. insurance required.]†
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers’ compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §4(4), and we have no employees. [No workers’ comp. insurance required.]

Type of project (required):
7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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 attach 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 (circle one):

Contact Person: ______________________ Phone #: ______________________
Town of Somerset

Waste Disposal

Property Address:

Permit #:

In accordance with the provisions of MGL c. S 54, a condition of the Building Permit is that the debris resulting from this work shall be disposed of in a property licensed solid waste disposal facility as defined by MGL c. 111, S 150A

Name of Facility

Address of Facility

Signature of Applicant: Date