



# Town of Billerica Building Department

Mark LaLumiere - Building Commissioner  
Phone 978-671-0970 Fax 978-671-1342

Permit #			
Date:			

Fee \_\_\_\_\_  CASH  
 Check # \_\_\_\_\_  CHECK

**PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.** Location, ownership, and detail must be correct complete and legible. A separate application is required for every structure. Three sets of plans must be filed with this application together with three plot plans showing setbacks of proposed structure, all existing structures driveways, turnarounds, water lines and sewer lines, existing and proposed grades.

**Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A"**

This Section For Official Use Only	
Signature: _____	Date: _____
Building Commissioner/ Building Inspector	

### SECTION 1- SITE INFORMATION

1.1 Property Address		1.2 Assessors Plate & Parcel		
		Plate	Parcel	Lot Number
Year Constructed				

1.2.1 Tenant  EXISTING  NEW Phone: \_\_\_\_\_

1.3 Zoning Information:		1.4 Property Dimensions:		
Zoning District	Proposed Use	Lot Area (sf)	Frontage (ft)	
		Lot Coverage		

Was a Special Permit Received?  YES  NO Date: \_\_\_\_\_  
 Was Variance Granted?  YES  NO Case Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Water Supply  Public  Private Sewage  Municipal  Private

1.5 Building Setbacks (ft)

	Front Yard	Side Yard	Rear Yard
Required/ Provided			

### SECTION 2- PROPERTY OWNERSHIP/ AUTHORIZED AGENT

2.1 Owner of Record

Name (print) \_\_\_\_\_ Address for Service \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_

2.1 Authorized Agent

Name (print) \_\_\_\_\_ Address for Service \_\_\_\_\_  
 Signature \_\_\_\_\_ Phone \_\_\_\_\_

### SEC 3- CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor:		Office Use Only	
		Licenses Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Initials: _____
Name			License Number
Address			
Signature		Phone	Expiration Date

### SECTION 4- WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c 152 s 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 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES-FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE.) EACH DESIGN PROFESSIONAL MUST COMPLETE AND RETURN THE ATTACHED CONSTRUCTION CONTROL AFFIDAVIT**

**5.1 Registered Architect**

NOT APPLICABLE     CONSTRUCTION CONTROL AFFIDAVIT COMPLETED

Name: \_\_\_\_\_ Registration Number \_\_\_\_\_

Address: \_\_\_\_\_ Area of Responsibility \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

**5.2 Registered Professional Engineer(s)**

CONSTRUCTION CONTROL AFFIDAVIT COMPLETED

Name: \_\_\_\_\_ Registration Number \_\_\_\_\_

Address: \_\_\_\_\_ Area of Responsibility \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

Name: \_\_\_\_\_  CONSTRUCTION CONTROL AFFIDAVIT COMPLETED Registration Number \_\_\_\_\_

Address: \_\_\_\_\_ Area of Responsibility \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

Name: \_\_\_\_\_  CONSTRUCTION CONTROL AFFIDAVIT COMPLETED Registration Number \_\_\_\_\_

Address: \_\_\_\_\_ Area of Responsibility \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

Name: \_\_\_\_\_  CONSTRUCTION CONTROL AFFIDAVIT COMPLETED Registration Number \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

**5.3 General Contractor**

NOT APPLICABLE

Company Name: \_\_\_\_\_

Responsible in Charge of Construction: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION 6- DESCRIPTION OF PROPOSED WORK**

- NEW CONSTRUCTION     DEMOLITION     ADDITION     TENANT FIT-UP  
 ACCESSORY BUILDING     REPAIR(S)     ROOFING     OTHER  
 EXISTING BUILDING     ALTERATIONS     SIDING

Brief Description of Proposed Work:

**SECTION 7- USE GROUP AND CONSTRUCTION TYPE**

Use Group (Check as applicable)		Construction Type
<b>A Assembly</b>	<input type="checkbox"/> ASSEMBLY <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	<input type="checkbox"/> 1A <input type="checkbox"/> 1B
<b>B Business</b>	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 2C
<b>E Educational</b>	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> 3A <input type="checkbox"/> 3B
<b>F Factory</b>	<input type="checkbox"/> FACTORY <input type="checkbox"/> F-1 <input type="checkbox"/> F-2	<input type="checkbox"/> 4
<b>H High Hazard</b>	<input type="checkbox"/> HIGH HAZARD	<input type="checkbox"/> 5A <input type="checkbox"/> 5B
<b>I Institutional</b>	<input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> I-1 <input type="checkbox"/> I-1 <input type="checkbox"/> I-3	
<b>M Mercantile</b>	<input type="checkbox"/> MERCANTILE	
<b>R Residential</b>	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3	
<b>S Storage</b>	<input type="checkbox"/> STORAGE <input type="checkbox"/> S-1 <input type="checkbox"/> S-2	
<b>U Utility</b>	<input type="checkbox"/> UTILITY Specify:	
<b>MU Mixed Use</b>	<input type="checkbox"/> MIXED USE Specify:	
<b>SU Special Use</b>	<input type="checkbox"/> SPECIAL USE Specify:	

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE**

Existing Use Group: \_\_\_\_\_ Proposed Use Group \_\_\_\_\_

Existing Hazard Index (780 CMR 34) \_\_\_\_\_ Proposed Hazard Index \_\_\_\_\_

**SECTION 8- BUILDING HEIGHT AND AREA**

Building Area	Existing (if applicable)	Proposed
Number of Floors or Stories (Include basement levels)		
Floor Area per Floor (so)		
Total Area (sf)		
Total Height (ft)		

**SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11)**

Independent Structural Engineering Structural Peer Review Required  YES  NO

**SECTION 9A- STRUCTURAL TESTING (780 CMR 17)**

Structural Testing Program  YES  NO

**SECTION 10- ESTIMATED CONSTRUCTION COSTS**

Item:	Estimated Cost (dollars)	Official Use Only	
1. Building:		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated cost of Construction from (6)	
3. Plumbing		Building Permit fee (a)x(b)	
4. Mechanical		Check Number	
5. Fire Protection		Fee Paid <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CHECK <input type="checkbox"/> CASH	
6. Total= (1+2+3+4+5)			

**SECTION 11- OWNERS AUTHORIZATION- TO BE COMPLETED WHEN OWNERS 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

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 11A- OWNER/ AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge or belief. Signed under the pains and penalties of perjury.

Signature of Owner/ Agent \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 12 - DEBRIS DISPOSAL**

In accordance with the provisions of M.G.L. c 40, s 54, A condition of the building permit is that debris resulting from this permit shall be disposed of in a properly licensed solid waste facility as defined by M.G.L. c 111, s 150A

The Debris will be disposed of in: \_\_\_\_\_ Location of Facility

**SECTION 13- TOWN AGENCY APPROVALS**

**OFFICE USE ONLY ( GREEN FLAGGED BY DEPARTMENTS)**

<input type="checkbox"/> Public Works	Date:	Date:
<input type="checkbox"/> Fire Department	Date:	<input type="checkbox"/> Treasurer Date:
<input type="checkbox"/> Board of Health	Date:	<input type="checkbox"/> Engineering Department Date:
<input type="checkbox"/> Planning Board	Date:	<input type="checkbox"/> Historical Commission Date:
<input type="checkbox"/> Conservation Commission	Date:	Date: