ONE & TWO-FAMILY BUILDING PERMIT APPLICATION

The Massachusetts State Building Code (8th edition) specifies the minimum building permit requirements. Applicants are advised to review and be familiar with these requirements in order to avoid common permit application problems. Applicants shall be aware that permits shall not be issued to properties owing outstanding property taxes, municipal fines or fees pursuant to local ordinance.

Filing Instructions

1. Application forms must be fully completed, including all requested information, in clear, legible handwriting or electronically. Incomplete applications will result in delays in processing.

2. Applicants shall describe the work to be performed in plain English, with sufficient detail to notify the building official as to the applicant’s plans. Descriptions which reference drawn plans (i.e. “see attached”) are not acceptable.

3. Construction plans must be dimensioned, clearly drawn, and of sufficient detail to demonstrate the project’s compliance with all relevant aspects of the Massachusetts State Building Code (8th edition)

4. Applications shall be deemed complete upon receipt of the application form, construction documents (i.e. plans), specifications, fees and all related materials (e.g. Workman’s Compensation Affidavit). The application review period shall run from the first date on which all required materials have been filed with the building official.

5. Applicants shall attach proof of authorization to applications for projects that require approval from another authority-granting agency such as the Conservation Commission, Zoning Board of Appeals, Planning Board or Board of Health.

6. Applicants shall provide a photocopy of their Construction Supervisor’s License, Home Improvement Contractor’s Registration, Workman’s Compensation Affidavit and copy of current Certificate of Liability Insurance.

PERMIT FEES

Effective August 21, 2017, the commercial building (All Others except 1 & 2 Family Dwellings) permit fee shall be calculated based upon the total projected building costs associated with the project as reflected in Section 12 of the building permit application at a rate of $16 per $1,000 of total projected cost. The minimum permit fee shall be $100. All projects requiring plan review shall be assessed an additional plan review fee ($50).
City of Lynn Massachusetts
Inspectional Services Department
Massachusetts State Building Code, 780 CMR
1 & 2 Family Building Permit Application

This Section For Official Use Only
Building Permit Number: BP- ________________ Project Number: JS- ____________________

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 _______ Block Number _______ Lot Number _______
1.3 Zoning Information:
Zoning District _____ Proposed Use _______ Ward _______
1.4 Property Dimensions:
Lot Area (sq ft) _______ Frontage (ft) _______
1.5 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provided</td>
</tr>
<tr>
<td>L R</td>
<td></td>
<td>Required</td>
</tr>
</tbody>
</table>

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 OWNERSHIP

2.1 Owner of Record:
Name (Print) __________________________________________
City, State, ZIP _______________________________________
No. and Street _________________________________________
Telephone ___________________________________________
Owner’s Signature ____________________________________

SECTION 3: DESCRIPTION OF PROPOSED WORK (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 Work:
______________________________________________________________________________________________
______________________________________________________________________________________________

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $ _____ based upon:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>☐ Minimum Permit Fee ($50.00)</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>☐ Valuation: (Item 1) x 14 / 1000 = ________</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees:</td>
</tr>
<tr>
<td>5. Fire Protection</td>
<td>$</td>
<td>☐ Plan Review ($25.00)</td>
</tr>
<tr>
<td>6. Sheet Metal</td>
<td>$</td>
<td>☐ Dumpster ($50.00)</td>
</tr>
<tr>
<td>7. Total Project Cost:</td>
<td>$</td>
<td>☐ Fire (10%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Total All Fees: $</td>
</tr>
</tbody>
</table>

Check No. ______ Check Amount: ______ Cash Amount: ______
☐ Paid in Full ☐ Outstanding Balance Due: ______
### SECTION 5: CONSTRUCTION SERVICES

#### 5.1 Construction Supervisor License (CSL)

- **Name of CSL Holder**: 
- **No. and Street**: 
- **City/Town, State, ZIP**: 
- **Construction Supervisor’s Signature or (Electronic Signature)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

#### 5.2 Registered Home Improvement Contractor (HIC)

- **HIC Company Name or HIC Registrant Name**: 
- **No. and Street**: 
- **City/Town, State, ZIP**: 
- **HIC Registrant’s Signature**

### 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

[Signature]

Owner’s/Authorised Agent’s 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](http://www.mass.gov/oca). Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps).

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

- 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: 
- Type of cooling system:  
- Number of decks/porches:  
- ☐ Enclosed  
- ☐ Open
**Applicant Information**

Name (Business/Organization/Individual): ____________________________

Address: __________________________________________________________

City/State/Zip: ____________________________

Phone #: ________________________________

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes. I am an employer with ______ employees (full and/or part-time).*</td>
</tr>
<tr>
<td>2. Yes. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers’ comp. insurance required.]</td>
</tr>
<tr>
<td>3. Yes. I am a homeowner doing all work myself. [No workers’ comp. insurance required.] ‡</td>
</tr>
</tbody>
</table>

*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 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 (circle one):
6. Other ____________________________

Contact Person: ____________________________ Phone #: ____________________________
WASTE DISPOSAL AFFIDAVIT
TO BE FILED IN CONJUNCTION WITH BUILDING PERMIT

Applicant’s Name: ________________________________

Firm/Organization: (if applicable) ________________________________

Address: ____________________________________________________

Telephone Number: ___________________________________________

Email Address: _______________________________________________

I, ________________________________, hereby agree pursuant to G.L. c. 40 § 54, that as an express condition of my building permit, any resultant debris shall be disposed of in a properly licensed solid waste facility (see G.L. c. 111 § 150A).

Construction debris shall be disposed of at:

Facility Name: _______________________________________________

Facility Address: _____________________________________________

Street Number       City, State       Zip

Method of Transport:
□ Truck
□ Dumpster

Signed under the pains and penalties of perjury on this _____ day of ____________, 20____.

___________________________________________       _________________
Signature                                                Date
I, ________________________________________________________ (full legal name), born
__________________ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners’ exemption to the permit
requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in
connection with a project or work on a parcel of land to which I hold legal title.

2. I am not engaged in, and the project or work for which I am seeking the aforementioned
homeowners’ exemption, does not involve the field erection of manufactured buildings
constructed in accordance with 780 CMR 110.R3.

3. I qualify under the State Building Code’s definition of “homeowner” as defined at 780 CMR
110.R5.1.2:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there
is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to
such use and/or farm structures. A person who constructs more than one home in a two-year
period shall not be considered a home owner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that
I qualify for and will abide by the Massachusetts State Building Code’s requirements for the
supervision of the project or work on my parcel, I am not engaged in construction supervision in
connection with any project or work involving construction, reconstruction, alteration, repair,
removal or demolition involving any activity regulated by any provision of the Massachusetts
State Building Code.

5. If I engage any other person or persons for hire in connection with the aforementioned project or
work on my parcel, I acknowledge that I am required to and will act as the supervisor for said
project or work.

Signed under the pains and penalties of perjury on this _____ day of _______________, 20__.