



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

COMMERCIAL 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 application 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).



The Commonwealth of Massachusetts

Department of Public Safety

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

No. and Street	City /Town	Zip Code	Map	Block	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 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 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 F2 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: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 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: _____
---	---	--	---	--

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"/>
---	--	---

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

Name (Print) _____ No. and Street _____ City/Town _____ Zip _____

Property Owner Contact Information:

Title _____ Telephone No. (business) _____ Telephone No. (cell) _____ Owner's Signature _____

If applicable, the property owner hereby authorizes

_____ Name _____ Street Address _____ City/Town _____ State _____ Zip _____
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)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline 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 No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	Building Permit Fee = \$ _____ Plan Review Fee (\$50.00) = \$ _____ Fire Fee (10%) = \$ _____ Total All Fees = \$ _____ Check No. _____ Check Amount: \$ _____ Cash Amount: \$ _____ _____ Paid In Full _____ Outstanding Balance Due: \$ _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
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 _____

Municipal Inspector to fill out this section upon application approval: _____ Name _____ Date _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*	4. <input type="checkbox"/> 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. <input type="checkbox"/> New construction
2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> 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 attached 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):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector	
6. Other _____	
Contact Person: _____	Phone #: _____



Initial Construction Control Document

To be submitted with the building permit application by a
Registered Design Professional
for work per the ninth edition of the
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: Date:

Property Address:

Project: Check (x) one or both as applicable: **New construction** **Existing Construction**

Project description:

I MA Registration Number: Expiration date: , am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning¹:

Architectural **Structural** **Mechanical**
Fire Protection **Electrical** **Other:**

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. **Review**, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. **Perform** the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. **Be present** at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: Email:

<i>Building Official Use Only</i>		
Building Official Name:	Permit No.:	Date:

Note 1. Indicate with an 'x' project design plans, computations and specifications that you prepared or directly supervised. If 'other' is chosen, provide a description.

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. 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.

Work started prior to approval may be subjected to *triple the original permit fee.*
Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number		
Street Address	City/Town	State	Discipline	Expiration Date	
Name (Registrant)	Telephone No.	e-mail address	Registration Number		
Street Address	City/Town	State	Discipline	Expiration Date	
Name (Registrant)	Telephone No.	e-mail address	Registration Number		
Street Address	City/Town	State	Discipline	Expiration Date	

