



The Commonwealth of Massachusetts
 State Board of Building Regulations &
 Standards
 Massachusetts State Building Code 780 CMR

TOWN OF LUDLOW, MA



APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING
 OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section for Official Use Only

DATE SUBMITTED _____ FEE \$ _____ Indicate how fee is determined

Standard Town Application Fee Total Project Cost (Item 11 of Estimated Project Cost x Multiplier _____)

Other Fees\$ _____ List _____

Building Commissioner _____ Date Approved _____

SECTION 1-SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors' Map & Parcel #: Map Number _____ Parcel Number _____	
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: Lot Area (Sq. Feet) _____ Frontage (Ft.) _____	
1.6 Building Setbacks (feet)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
		/	/
1.7 Water Supply (M.G.L. 40 § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.8 Sewage Disposal System Public <input type="checkbox"/> On Site Disposal System <input type="checkbox"/>	
1.5 Flood Zone Information Zone _____ Outside Zone <input type="checkbox"/>			

SECTION 2-PROPERTY OWNERSHIP / AUTHORIZED AGENT:

2.1 Owner of Record: NAME (print) _____ X SIGNATURE _____	Address: _____ _____ _____ Telephone: _____
2.2 Authorized Agent: NAME (print) _____ X SIGNATURE _____	Address: _____ _____ _____ Telephone: _____

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

3.1 Licensed Construction Supervisor: Licensed Construction Supervisor _____ Address _____ X Signature _____	Not Applicable <input type="checkbox"/> License Number _____ Expiration Date _____ Telephone _____
3.2 Registered Home Improvement Contractor: Company Name _____ Address _____ X Signature _____	Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____ Telephone _____

SECTION 4-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 5-PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES – FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 107.6 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

_____ Name (Registrant)	Not Applicable <input type="checkbox"/>
_____ Address	_____ Registration Number
X _____ Signature	_____ Expiration Date
_____ Telephone	_____ Telephone

5.2 Registered Professional Engineer:

_____ Name	_____ Area of Responsibility
_____ Address	_____ Registration Number
X _____ Signature	_____ Expiration Date
_____ Name	_____ Area of Responsibility
_____ Address	_____ Registration Number
X _____ Signature	_____ Expiration Date
_____ Name	_____ Area of Responsibility
_____ Address	_____ Registration Number
X _____ Signature	_____ Expiration Date
_____ Name	_____ Area of Responsibility
_____ Address	_____ Registration Number
X _____ Signature	_____ Expiration Date

5.3 General Contractor

_____ Company Name)	Not Applicable <input type="checkbox"/>
_____ Address	_____ Registration Number
X _____ Signature	_____ Expiration Date

SECTION 6 – DESCRIPTION OF PROPOSED WORK (Check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alterations <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify:	PER 780 CMR CODE 8TH EDITION 2009 IBC	
Brief Description of Proposed Work: _____ _____ _____				

SECTION 7 – USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)							CONSTRUCTION TYPE		
A Assembly	<input type="checkbox"/>	A-1 A-4	<input type="checkbox"/> <input type="checkbox"/>	A-2 A-5	<input type="checkbox"/> <input type="checkbox"/>	A-3	<input type="checkbox"/>	1A	<input type="checkbox"/>
B Business	<input type="checkbox"/>							1B	<input type="checkbox"/>
E Educational	<input type="checkbox"/>							2A	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1	<input type="checkbox"/>	F-2	<input type="checkbox"/>			2B	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>							2C	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1	<input type="checkbox"/>	I-2	<input type="checkbox"/>	I-3	<input type="checkbox"/>	3A	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>							3B	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>	R-3	<input type="checkbox"/>	4	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1	<input type="checkbox"/>	S-2	<input type="checkbox"/>			5A	<input type="checkbox"/>
								5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____							
M Mixed Use	<input type="checkbox"/>	Specify: _____							
S Special Use	<input type="checkbox"/>	Specify: _____							

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

Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 34: _____	Proposed Hazard Index 780 CMR 34: _____

SECTION 8 - BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or Stories (include basement levels)		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 – STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SECTION 10a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNER’S 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.

X
Signature of Owner _____ Date _____

SECTION 10B – 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 and belief.

Signed under the pains and penalties of perjury.

Print Name _____

X
Signature of Owner/Agent _____

_____ Date

SECTION 11 – ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars to be completed by permit applicant)	Official Use Only	
1. Building			
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total+ (1+2+3+4+5)			

SECTION 12 – DEBRIS DISPOSAL

In accordance with the provisions of MGL, C.0, S.4, a condition of this Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL C111, S151A.

NAME & LOCATION OF FACILITY: _____

SIGNATURE OF PERMIT APPLICANT: _____ **DATE:** _____

SECTION 13 – DEPARTMENT APPROVALS FOR COMMERCIAL BUILDINGS

Department	Approved	Date	N/A	Department	Approved	Date	N/A
Board of Appeals-Variances				D.P.W. - St. Opening			
Board of Health-Septic/Well/Bedroom				D.P.W. - Sewer			
Conservation Commission				D.P.W. - Storm Water			
Planning-Sub-Divisions				Fire-Life Safety			
Tax Collector Taxes				Plumbing			