



# 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 (8<sup>th</sup> 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 (8<sup>th</sup> 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

Office of Public Safety and Inspections

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

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

Assessors 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 2)

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  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:

Special Use Description: \_\_\_\_\_

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

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 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

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 apply for and 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 a 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 Permit Fee: \$_____ based upon: <input type="checkbox"/> Minimum Permit Fee (\$100.00) <input type="checkbox"/> Valuation: (Item 1)x\$16/\$1000=_____
1. Building	\$	2. Other Fees: <input type="checkbox"/> Plan Review (\$50.00) <input type="checkbox"/> Dumpster (\$50.00) <input type="checkbox"/> Fire (10%) 3. Total Fees Owed: \$_____
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Fire Protection	\$	
6. Total Cost	\$	Check No. _____ Check Amt: _____ Cash Amt: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

**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 \_\_\_\_\_ Email Address

**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:**

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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.‡</p> <p>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.]</p> |
|--|--|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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.*

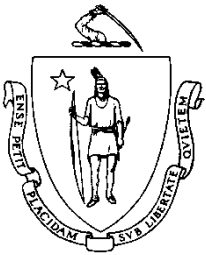
City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**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 concerning<sup>1</sup>:

**Architectural**  
**Fire Protection**

**Structural**  
**Electrical**

**Mechanical**  
**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:**

*Building Official Use Only*

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

**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