



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

TOWN  
 OF  
 WARWICK



**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 is for **Official Use Only**

Building Permit # \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Date issued \_\_\_\_\_  
 Signature \_\_\_\_\_ Date reviewed \_\_\_\_\_  
**Building Commissioner/Inspector of Buildings**

I certify that the owner of record below is not delinquent in payments to the Town of Athol under any circumstances per MGL. Chapter 40 Section 57.

Tax Collector \_\_\_\_\_ Date \_\_\_\_\_

**Section 1**

<b>1.1 Property Address:</b> _____ _____		<b>1.2 Assessors Map &amp; Parcel Number</b> Map Number _____ Parcel Number _____			
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.4 Property Dimensions:</b> Lot Area (sf) _____ Frontage _____			
<b>1.5 Building Setbacks (ft)</b>					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
<b>1.6 Water Supply (M.G.L. c.40 s. 54)</b> Public <input type="checkbox"/> Private <input type="checkbox"/>		<b>1.7 Flood Zone Information</b> Zone: _____ Outside Flood Zone <input type="checkbox"/>		<b>1.8 Sewage Disposal System</b> Municipal <input type="checkbox"/> On Site Disposal <input type="checkbox"/>	

**Section 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record**

Name (Print) \_\_\_\_\_ Address for Service \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**2.2 Authorized Agent**

Name (Print) \_\_\_\_\_ Address for Service \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**Section 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor**

Licensed Construction Supervisor: \_\_\_\_\_ Not Applicable   
 Address \_\_\_\_\_ License Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Expiration Date \_\_\_\_\_

**3.2 Registered Home Improvement Contractor**

Company Name \_\_\_\_\_ Not Applicable   
 Address \_\_\_\_\_ License Number \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Expiration Date \_\_\_\_\_

The Town of Athol is an equal opportunity provider

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**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 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)**

**5.1 Registered Architect:**

	Not Applicable
Name (Registrant)	Registration Number
Address	
Signature Telephone	Expiration Date

**5.2 Registered Professional Engineer(s):**

	Area of Responsibility
Name	Registration Number
Address	
Signature Telephone	Expiration Date

	Area of Responsibility
Name	Registration Number
Address	
Signature Telephone	Expiration Date

	Area of Responsibility
Name	Registration Number
Address	
Signature Telephone	Expiration Date

	Area of Responsibility
Name	Registration Number
Address	
Signature Telephone	Expiration Date

**5.3 General Contractor:**

Company Name	
Responsible In Charge of Construction	Not Applicable <input type="checkbox"/>
Address	
Signature Telephone	

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**SECTION 6 - DESCRIPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify:		

Brief Description of Proposed Work:

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

USE GROUP (CHECK AS APPLICABLE)				CONSTRUCTION TYPE	
		A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/>
A Assembly <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>			1B <input type="checkbox"/>
B Business <input type="checkbox"/>					2A <input type="checkbox"/>
E Education <input type="checkbox"/>					2B <input type="checkbox"/>
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>			2C <input type="checkbox"/>
H High Hazard <input type="checkbox"/>					3A <input type="checkbox"/>
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>		3B <input type="checkbox"/>
M Mercantile <input type="checkbox"/>					4 <input type="checkbox"/>
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>		5A <input type="checkbox"/>
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>	S-3 <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, ADDITIONS, 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
# 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.....  No.....

**SECTION 10a - OWNER 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 \_\_\_\_\_

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SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, \_\_\_\_\_ as Owner/Authorized Agent hereby declare that the statements 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 \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

\_\_\_\_\_ Date

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	<b>Official Use Only</b>	
1. Building		a) Building Permit Fee Multiplier	
2. Electrical		b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total + (1+2+3+4+5)			