



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

Town of Becket
 557 Main Street
 Becket, MA 01223
 (413) 623 - 8934 ext. 14
 Fax (413) 623 - 6036

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 Received _____
 Signature _____
 Building Commissioner / Inspector of Buildings

Date Issued _____
 Edition of Code used _____

SECTION 1 - SITE INFORMATION

1.1 Property Address

1.2 Assessors Map & Parcel Number

Map Number _____ Parcel Number _____

1.3 Zoning Information

Zoning District _____ Proposed Use _____

1.4 Property Dimensions

Lot Area (Sq. Ft.) _____ Frontage _____

1.5 Building Setbacks (Ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
_____	_____	_____ / _____	_____ / _____	_____	_____

1.6 Water Supply (M.G.L.c.40 § 54)

Public _____ Private _____

1.7 Flood Zone Information

Zone: _____ Outside Flood Zone

1.8 Sewage Disposal System

Municipal _____ On Site Disposal System _____

SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) _____

Address for Service _____

Signature _____

Telephone Number _____

2.2 Authorized Agent

Name (Print) _____

Address for Service _____

Signature _____

Telephone Number _____

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

Licensed Construction Supervisor

Not Applicable

Licensed Construction Supervisor _____

License Number _____

Address _____

Expiration Date _____

Signature _____

Telephone Number _____

SECTION 4 - WORKER'S 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 PURSANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:	
Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Not Applicable _____ Registration Number
5.2 Registered Professional Engineer(s):	
Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
Name _____ Address _____ Signature _____ Telephone _____	_____ Area of Responsibility _____ Registration Number _____ Expiration Date
5.3 General Contractor:	
Company Name: _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____	Not Applicable

SECTION 6 - DESCRIPTION OF PROPOSED WORK (Check all applicable)						
New Construction	Existing Building	Repair(s)	Alteration(s)	Addition	Accessory Bldg.	Demolition
Other Specify: Brief Description of Proposed Work: _____ _____ _____ _____						

SECTION 7-USE GROUP AND CONSTRUCTION TYPE				
USE GROUP(Check as applicable)				CONSTRUCTION TYPE
A Assembly	A-1	A-2	A-3	1A
	A-4	A-5		1B
B Business				2A
E Education				2B
F Factory	F-1	F-2		2C
H High Hazard				3A
I Institutional	I-1	I-2	I-3	3B
M Mercantile				4
R Residential	R-1	R-2	R-3	5A
S Storage	S-1	S-2		5B
U Utility	Specify: _____			
M Mixed Use	Specify: _____			
S Special Use	Specify: _____			
COMPLETE IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE OF 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 (s.f.)		
Total Area (s.f.)		
Total Height (ft.)		

SECTION 9 STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering 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 _____

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 _____	
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)	_____ _____ _____ _____ _____ _____	Building Permit Fee Multiplier _____ Building Permit Fee _____ Check Number _____

SECTION 12 - TOWN COLLECTOR

Pursuant to Massachusetts General Laws, Chapter 40, Section 57, (8/1/94) which provides for the denial, revocation, or suspension of local licenses and permits to any person, corporation, or business enterprise who has neglected or refused to pay any local taxes, fees, assessments betterments, or any other municipal charges:

You May Proceed

Town Collector

You May Not Proceed

Town Collector

with the application for the attached license or permit.

Date issued _____