



Application for a Building Permit Other Than a One or Two Family

www.westboylston-ma.gov
building@westboylston-ma.gov

140 Worcester Street
West Boylston, MA 01583
774-261-4030

____ Date: _____

Approved by: _____ Inspector of Buildings

1. Owner, Applicant Information

Property Address: _____ Assessors; Map _____, Block _____, Lot _____

Owner of Record Name: _____ Address: _____

Phone Number: _____ City: _____ State: _____ Zip code: _____

Authorized Agent Name: _____ Address: _____

Phone Number: _____ City: _____ State: _____ Zip code: _____

2. Proposed Project

Estimated Costs

New Construction: _____ Size: _____ x _____ x _____ Number of Stories: _____
Addition/ Remodeling: _____ Size: _____ x _____ x _____ Number of Stories: _____
Alterations: _____ Size: _____ x _____ x _____ Number of Stories: _____
Repairs: _____ Size: _____ x _____ x _____ Number of Stories: _____
Demolition: _____ Size: _____ x _____ x _____ Number of Stories: _____

Project Description

For any structure, attach a drawing(s) dimensioned and labeled to scale; showing the size, type and location of all foundations and supports, beams, girders, braces, floor, wall and roof framing and coverings. If addition show before and after plans.

Building: _____
Electrical: _____
Plumbing: _____
Mechanical (HVAC): _____
Fire Protection: _____
Total estimated cost _____
Fee multiplier: _____
Permit Fee: \$200.00
Minimum Fee _____

Additional fee of \$750 will be assessed if Plan Review is required

Zoning District	Lot Area	Road Frontage	Flood Zone; Yes or No	Are there wetlands within 100 feet; Yes or No	
Front Yard Setback		Side Yards Setback		Rear Yard Setback	
Required	Provided	Required	Provided	Required	Provided

Attach a site plan, showing the property dimensions, the location all existing structures, sewage disposal systems, water supplies, wetlands and the proposed structure. Include dimensions between these items and to the property lines.

3. Use Group and Construction Type

Existing Construction Type _____ Propose Construction type _____ Number of floors _____
Existing Use Group _____ Proposed Use Group _____ Total floor area _____
Existing Hazard Class _____ Proposed Hazard Class _____ Floor area per floor _____
Existing Building Height _____ Proposed Building Height _____

From 780 CMR, Section 504 Height and Area Limitations of Buildings

Maximum Floor area _____ Maximum Height _____ Maximum Stories _____

If the proposed project exceeds any of the allowed tabular height or area limitations, provide an explanation on the code summary page of your drawings.

4. Contractor Information for buildings less than 35,000 cubic feet

Construction Supervisor: _____ License Number: _____ Expiration _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Signature: _____ Date: _____

Attach readable copies with picture, of current Construction Supervisor License.

As part of this submittal, include all applicable documentation listed on the check list attached.

Please complete reverse side.

This application must be printed or typed, blue or black ink only.

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Commercial

Agricultural Restriction

Yes

No

Conservation Restriction

Yes

No

Paid Amount: _____

Date: _____

Check Number: _____

Initials _____

5. Workers Compensation Insurance (MGL 152 section 25c)

Owner Name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
<input type="checkbox"/> I am an employer providing workers' compensation for my employees working in this job.	
Company name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
Insurance company: _____ Policy Number: _____	
<input type="checkbox"/> I am a sole proprietor <input type="checkbox"/> general contractor (check one) and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)	
Company name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
Insurance company: _____ Policy Number: _____	
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$ 1500.00 and /or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and the fine of \$ 100.00 a day against me. Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of West Boylston	

6. Debris Disposal

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.
Name of Waste Facility: _____ Address: _____ City: _____

7. Other Signatures Needed

Tax Collector: _____	For All Projects (MGL c 40 § 57)
Board of Health: _____	For projects that might affect your sewage disposal system.
Water District: _____	If the property is connected to Municipal Water
DPW / Streets: _____	Curb cut, street opening, driveway
Sewer Division: _____	Connection to Sewer System
Fire Department: _____	Fire Alarm, Sprinkler

I, _____, as the Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application. _____ Date: _____
Signature of owner
I, _____, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.
Print Name _____
Sign Name _____ Date: _____

As part of this submittal, include all applicable documentation listed on the check list attached.
Please complete reverse side.

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Supplemental Information Required for Other Than a One or Two Family Dwelling

Building Commissioner
140 Worcester Street
West Boylston, MA 01583
774-261-4030

The following information, drawings and electronic files are required to be submitted as part of the permit application package. The Building Commissioner may modify the requirements based on the complexity of the project.

Project address: _____

- ☐ Complete plans; 3 paper copies (max 36 x 48") and 1 copy on USB drive in Adobe PDF format {§107} Plans will include;
 - ☐ Code Summary¹ page(s)
 - ☐ Life Safety² page(s)
 - ☐ Sufficient drawing(s) to show the work to be done
- ☐ Approved site plan; 3 paper copies (max 36 x 48") and 1 copy on USB drive in Adobe PDF format
- ☐ Project Specifications³ book; 1 bound paper copy and 1 copy on USB drive in Adobe PDF format
- ☐ Proof of Registry of Deeds recording of any documents required to be recorded
- ☐ Designer's Affidavits [initial] {§107.3.4}
- ☐ Project Directory [AIA G807], for each of the design disciplines and subcontractors include;
 - ☐ Names
 - ☐ Area of responsibility
 - ☐ Contact information
- ☐ Structural Peer Review if required {Chapter 17}
- ☐ Building Evaluation {§3402.1.1} for remodeling, alterations, change of use or additions
- ☐ Soil Evaluation {Chapter 18} new construction, increased footprint or increased loads
- ☐ Fire Protection Narrative Analysis {Chapter 9}
- ☐ HVAC/ Energy Code Analysis {§1203.1 M-108.5 §1303 §1304 & App J; J3.0}
- ☐ Structural Tests & Inspections Summary {§1705}
- ☐ Submittals for the following are required prior the installation these systems (allow time for review); 2 paper copies (max 36 x 48") and 1 copy on USB drive in Adobe PDF format
 - ☐ Sprinkler systems
 - ☐ Other extinguishing systems
 - ☐ Fire alarm systems
 - ☐ Kitchen hood systems

¹ For requirements of Code Summary page see list on reverse side.

² For requirements of Life Safety page see list on reverse side.

³ Project specification book(s) may be provided for some projects. If information required by this application is included in the specifications book, those pages will be tabbed and label.

Guidance for Code Summary Page

After the project cover page provide one page containing all of the applicable information listed below, with required or allowed values and provided values, number with the following heading and sub headings:

- 1) List all applicable codes for the project
- 2) Use group(s) classification by floor and/or area
- 3) Building height
 - a. Actual
 - b. Calculated in accordance with Town of West Boylston Zoning Bylaw
- 4) Construction type IAW State Building Code
- 5) Fire suppression
- 6) Specific occupancy area separation {780 CMR Table 508.4}
- 7) Minimum occupancy separations {780 CMR § 508.2.4}
- 8) Stages and platforms {780 CMR § 410}
- 9) Tabular Height & Area Limitations {780 CMR Table 504.3}
- 10) Allowable Height increases {780 CMR § 504}
- 11) Allowable Area increases {780 CMR § 506.3.3}
- 12) Structural Element fire resistance rating {780 CMR Table 601}
- 13) Exterior Wall Fire resistance Rating (780 CMR Table 602)
- 14) Fire & Party Wall Fire resistance Ratings (780 CMR Table 706.4)
- 15) Opening Protective Fire Protection Rating (780 CMR Table 705.8)
- 16) Draftstopping – Attics & Concealed Spaces (780 CMR § 718.4)
- 17) Interior Finish (780 CMR Table 803.11)

Life Safety page

- 18) Standpipe Systems (780 CMR § 905)
- 19) Length of Exit Access Travel (780 CMR Table 1017.2)
- 20) Accessible Means Of Egress (780 CMR § 1009)
- 21) Occupant Load (780 CMR Table 1004.1.2)
- 22) Egress Width/Occupancy (780 CMR Table 1009.2 § 1005)
- 23) Egress Convergence (780 CMR § 1005.6)
- 24) Exits Required (780 CMR § 1006)
- 25) Maximum Allowance Dead End Corridor (780 CMR § 1020.4)
- 26) Minimum Corridor Width (780 CMR Table 1020.2)
- 27) Discharge Identification (780 CMR § 1023.8 & 1013)
- 28) Spaces w/1 Means of Egress (780 CMR Table 1006.2.1)
- 29) Minimum Guard Dimensions (780 CMR § 1015)
- 30) Interior Environment (780 CMR § 1201-1210.3.2)
- 31) Fire Extinguisher (§906)