



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



TOWN
OF
ATHOL

**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

1.1 Property Address:

1.2 Assessors Map & Parcel Number

Map Number _____ Parcel Number _____

Assessor Init.: _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sf) _____ 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 s. 54)

Public ☐ Private ☐

1.7 Flood Zone Information

Zone: _____ Outside Flood Zone ☐

1.8 Sewage Disposal System

Municipal ☐ On Site Disposal ☐

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: _____

Address _____

Signature _____ Telephone _____

Not Applicable ☐

License Number _____

Expiration Date _____

3.2 Registered Home Improvement Contractor

Company Name _____

Address _____

Signature _____ Telephone _____

Not Applicable ☐

License Number _____

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:

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (CHECK AS APPLICABLE)				CONSTRUCTION TYPE
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	1A <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"/>	3B <input type="checkbox"/>
			I-3 <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"/>	5A <input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <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..... <input type="checkbox"/>	No..... <input type="checkbox"/>
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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 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		a) Building Permit Fee Multiplier	
2. Electrical			
3. Plumbing		b) Estimated Total Cost of Construction from (6)	
4. Mechanical (HVAC)			
5. Fire Protection		Building Permit Fee	
6. Total + (1+2+3+4+5)		(a) x (b)	

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