



City of Waltham Application for Permit
119 School Street
Waltham, MA 02451
TEL 781-314-3275 FAX 781-314-3286

DATE RECEIVED

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

Building Permit Number:

Date Issued:

Signature: _____

Building Commissioner/Inspector of Buildings

Date

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 (sf)

Frontage (ft)

1.6 Building Setbacks (ft)

Front Yard

Side Yard

Rear Yard

Required

Proposed

Required

Proposed

Required

Proposed

1.7 Water Supply (M.G.L. c. 40, § 54)

Public

Private

1.5 Flood Zone Information:

Zone:

Outside Flood Zone

1.8 Sewage Disposal System:

Municipal

On site disposal system

SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED

2.1 Owner of Record:

Name (Print)

Address

Signature

Telephone

2.2 Authorized Agent

Name (Print)

Address

Signature

Telephone

SECTION 3 – CONSTRUCTION SERVICE FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

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

Registration Number

Expiration Date

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 BUILDING 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:

Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____
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5.2 Registered Professional Engineer(s):

Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
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5.3 General Contractor

Company Name _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>
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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"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	1A	<input type="checkbox"/>	
B Business <input type="checkbox"/>						1B	<input type="checkbox"/>	
E Educational <input type="checkbox"/>						2A	<input type="checkbox"/>	
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>				2B	<input type="checkbox"/>	
H High hazard <input type="checkbox"/>						2C	<input type="checkbox"/>	
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>			3A	<input type="checkbox"/>	
M Mercantile <input type="checkbox"/>						3B	<input type="checkbox"/>	
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>			4	<input type="checkbox"/>	
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>				5A	<input type="checkbox"/>	
U Utility <input type="checkbox"/>	Specify _____						5B	<input type="checkbox"/>
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 AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floor 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

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 Costs (Dollars) to be Completed by permit applicant	Official Use Only	
1. Building	\$	(a) Building Permit Fee Multiplier \$22.00/\$1,000.00	
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)	\$	Check Number	