



# Town of Milford

52 Main Street

Milford, MA 01757

Massachusetts State Building Code (780 CMR)

## Building Permit Application to Construct, Repair, Renovate or Demolish any Building OTHER than a One- or Two-Family Dwelling

### Code and Other Requirements for Building Permits

The Massachusetts Department of Public Safety has issued building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The Town of Milford uses a slightly modified version of the State application. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems.

### Filing Instructions

1. Print the application, fill in completely and then submit to the Department of Inspections at 52 Main St., Milford, MA 01757.
2. All applications shall be considered complete and will be reviewed **if construction documents**, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application. **Effective April 1, 2012 all submittals larger than 8 ½ x 14 must be submitted in electronic format.** For projects subject to construction control, wet stamped design affidavits must be submitted by the appropriate registered design professional(s).
3. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the Town of Milford.
4. The Town of Milford does require submittal of a certified plot plan as required by 780 CMR 107.2.5, prepared by a registered Massachusetts Land Surveyor or Civil Engineer for: New construction; any project with vertical or horizontal additions; and any new or replacement deck/ stairs/ porches even if structure size will be reduced in the instance of replacement.
5. Applicant must provide a Certificate of Insurance for General Liability and Worker's Compensation listing Town of Milford as certificate holder. (This must only be provided once prior to expiration of certificate.)
6. **Upon issuance of Building Permit, it is the responsibility of the Permit holder to schedule all required inspections; to submit a foundation location plan upon completion of the foundation of a new or substantially altered structure (No further work shall proceed until such plan has been approved by the building commissioner); and to apply for and obtain a Certificate of Zoning Compliance and Certificate of Occupancy (if applicable) upon completion of the project and prior to occupying or continuing to occupy the structure.**
7. **For proposed work in an existing building, all information required by 780 CMR 101.5.4.0 must be submitted with the construction documents including but not limited to the evaluation of design gravity loads, lateral load capacity, egress capacity, fire protection systems, fire resistive construction, interior environment, hazardous materials, and energy conservation.**
8. **Applications will be examined within a reasonable time after filing. Due to heavy volume, this time may average 2 weeks, and may be delayed by incomplete submittals.**

I have read and understand the above instructions  
(Signature)

Print Name



# Town of Milford

Massachusetts State Building Code, 780 CMR

## Building Permit Application for any Building OTHER than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

### SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

\_\_\_\_\_  
No. and Street City /Town Zip Code Name of Building (if applicable)

### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 1)

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

### SECTION 5: USE GROUP (Check as applicable)

**A: Assembly** A-1  A-2  Nightclub  A-3  A-4  A-5  **B: Business**  **E: Educational**

**F: Factory** F-1  F2  **H: High Hazard** H-1  H-2  H-3  H-4  H-5

**I: Institutional** I-1  I-2  I-3  I-4  **M: Mercantile**  **R: Residential** R-1  R-2  R-3  R-4

**S: Storage** S-1  S-2  **U: Utility**  **Special Use**  and please describe below:

Special Use: \_\_\_\_\_

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

# Appendix 1

SECTION 9: PROPERTY OWNER AUTHORIZATION					
Name and Address of Property Owner					
Name (Print)	No. and Street	City/Town	Zip		
If applicable, the property owner hereby authorizes					
Name	Street Address	City/Town	State	Zip	
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.					
Name	Signature	Street Address	City/Town	State	Zip
Name, address, and signature of owner, agent, or tenant authorized to allow work to be performed at this property					
SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)					
(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then <b>check here</b> <input type="checkbox"/> and skip Section 10.1)					
10.1 Registered Professional Responsible for Construction Control					
Name (Registrant)	Telephone No.	e-mail address		Registration Number	
Street Address	City/Town	State	Zip	Discipline	Expiration Date
10.2 General Contractor					
Company Name		HIC Reg. No. (If Applicable)		Expiration	
Name of Person Responsible for Construction			License No. and Type (If Applicable)		Expiration
Street Address		City/Town		State	Zip
Telephone No. (business)	Telephone No. (cell)	e-mail address			
SECTION 11: <u>WORKERS' COMPENSATION INSURANCE AFFIDAVIT</u> (M.G.L. c. 152, § 25C(6))					
A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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. Is a signed Affidavit submitted with this application? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>					
SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE					
Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____			
1. Building	\$	<b>For Fee Schedule:</b> <a href="http://milford.ma.us//pages/departments/building-inspections.php">http://milford.ma.us//pages/departments/building-inspections.php</a>  Enclose check payable to <b>Town of Milford</b> and write check number here _____			
2. Electrical	\$				
3. Plumbing	\$				
4. Mechanical (HVAC)	\$				
5. Mechanical (Other)	\$				
6. Total Cost	\$				
SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT					
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.					
Please print and sign name		Title		Telephone No.	Date
Street Address		City/Town		State	Zip
Municipal Inspector to fill out this section upon application approval:					
Name				Date	

**For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.**

**Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.**

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street	City /Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (if applicable)	

## Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee.*

### Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		