

	Town of Rowley Inspection Dept. P.O. Box 618 39 Central St. Rowley, MA 01969 (978)948-2186 FAX (978)948-3796 building@townofrowley.org	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 7 th edition Building Permit Application To Construct, Repair, Renovate Or Demolish a Commercial Building (non 1-2 family dwelling)	FOR OFFICIAL USE Zoning Rev _____ Permit # _____ Fee _____ Check No _____		
This section for official use only					
Building Permit Number: _____		Date Issued: _____			
Building Inspector Signature: _____		Date: _____			
Section 1: SITE INFORMATION					
1.1 Property Address _____		1.2 Assessors Map & Parcel Number Map: _____ Block: _____ Lot: _____			
1.3 Zoning Information District: _____ Proposed Use: _____		1.4 Property Dimensions: Area: _____ Frontage: _____			
1.5 Building Setbacks (ft)					
FRONT YARD		SIDE YARD		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
		/	/		
1.6 Water Supply Public <input type="checkbox"/> Private <input type="checkbox"/>					
Section 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT					
2.1 Owner of Record: Name: _____			Address: _____		
Signature: _____			Telephone: _____		
2.2 Authorized Agent: Name: _____			Address: _____		
Signature: _____			Telephone: _____		
Section 3: Construction Service					
3.1 Licensed Construction Supervisor					
Name: _____		Address: _____		Not applicable <input type="checkbox"/>	
Signature: _____		Telephone: _____		License # _____	
				Expiration Date: _____	
Section 4: WORKERS COMPENSATION INSURANCE AFFIDAVIT (MGL c 152 s 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. Affidavit attached: Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 CF OF ENCLOSED SPACE.)					
5.1 Registered Architect:					
Name: _____		Address: _____		Not applicable <input type="checkbox"/>	
Signature: _____		Telephone: _____		License # _____	
				Expiration Date: _____	

Section 6: Description of Work (check all applicable)		
New Construction <input type="checkbox"/> Existing Bldg <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Bldg <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/>		
Brief Description of Proposed Work: 		
Section 7: USE GROUP AND CONSTRUCTION TYPE		
USE GROUP		CONSTRUCTION TYPE
A. Assembly <input type="checkbox"/>	<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"/> 1B
B. Business <input type="checkbox"/>		<input type="checkbox"/> 2A
E. Educational <input type="checkbox"/>		<input type="checkbox"/> 2B
F. Factory <input type="checkbox"/>	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2	<input type="checkbox"/> 2C
H. High Hazard <input type="checkbox"/>		<input type="checkbox"/> 3A
I. Institutional <input type="checkbox"/>	<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3	<input type="checkbox"/> 3B
M. Mercantile <input type="checkbox"/>		<input type="checkbox"/> 4
R. Residential <input type="checkbox"/>	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3	<input type="checkbox"/> 5A
S. Storage <input type="checkbox"/>	<input type="checkbox"/> S-1 <input type="checkbox"/> S-2	<input type="checkbox"/> 5B
U. Utility <input type="checkbox"/>	Specify:	
M. Mixed Use <input type="checkbox"/>	Specify:	
S. Special Use <input type="checkbox"/>	Specify:	
COMPLETE THIS SECTION IF BUILDING UNDERGOING RENOVATIONS, ADDITIONS, AND/OR CHANGE IN USE:		
Existing Use Group:		Proposed Use Group:
Existing Hazard Index 780CMR34:		Existing Hazard Index 780CMR34:
SECTION 8: BUILDING HEIGHT AND AREA		
BUILDING AREA	EXISTING(if applicable)	PROPOSED
Number of floors/stories including basement		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		
SECTION 10A – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR THE 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.		
Signature of owner:		Date:

SECTION 11: ESTIMATED CONSTRUCTION COST		
Item	Cost	Official Use Only
1. Building		
2. Electrical		
3. Plumbing		
4. Mechanical		
5. Fire Prevention		
6. Total		Check #:
SECTION 12: DEBRIS DISPOSAL AFFIDAVIT		
<p>RESTRICTIONS ON THE ISSUANCE OF BUILDING PERMITS MGL c. 40, S 54, Added by c. 584, S 9 of the Acts of 1987</p> <p>Every city or town shall require, as a condition of the issuing of a building permit or license for the demolition, renovation, rehabilitation, or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation, or alteration be disposed of in a properly licensed waste disposal facility as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris is to be disposed. If for any reason the debris will not be disposed of as indicated, the permittee or licensee shall notify the issuing authority as to the location where the debris will be disposed. The licensing authority shall amend the permit or license to so indicate.</p> <p>In accordance with the provisions of MGL, c. 40, sec. 54, a condition of permit # _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL, c. 111, sec. 150A.</p>		
Property Address		
Date	Signature of Applicant/Contractor	
The debris will, or has been disposed of at/in:		
Location of Facility		
Board of Health	Container Permit#	Portable Toilet Permit #

SECTION 13: PERMIT/LICENSE CLEARANCE FORM

Pursuant to the acceptance of Chapter 40 Article 57 of the Massachusetts General Laws through the approval of Article 54 of the annual Town Meeting of May 4, 1987 (Attorney General approved August 18, 1987).

Owner: _____

Applicant: _____

Application for: _____

Street Address: _____

Assessor's Map # _____ Parcel # _____ Lot # _____

Prior to the issuance of any Permit/License, the applicant for said Permit/License must obtain signoffs¹ from the following :

Treasurer/Collector: _____ Date: _____
(978)948-2631 Town Hall, 139 Main Street

Water Department: _____ Date: _____
(978)948-2640 401 Central Street

Municipal Light Department: _____ Date: _____
(978)948-3992 47 Summer Street

Board of Health: _____ Date: _____
(978)948-2231 39 Central Street

Conservation Commission: _____ Date: _____
(978)948-2330 39 Central Street

1. Roofing, siding, door, and window installations will require only the following signoffs:
Treasurer/Collector, Water Dept., and Municipal Light Dept.

If property falls within the jurisdiction of the Rowley Historic District Commission, a "Certificate of Appropriateness" or a waiver from the Commission is required before a permit will be issued. Applications can be found in the Inspection Dept. HDC meets on the 1st Thursday of each month.

For office use only:

- Certificate of Appropriateness required
- Certificate of Appropriateness received....date: _____
- HDC Waiver receiveddate: _____