



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

TOWN OF LUDLOW, MA



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*

DATE SUBMITTED \_\_\_\_\_ FEE \$ \_\_\_\_\_ Indicate how fee is determined

Standard Town Application Fee  Total Project Cost (Item 11 of Estimated Project Cost x Multiplier \_\_\_\_\_)

Other Fees\$ \_\_\_\_\_ List \_\_\_\_\_

Building Commissioner \_\_\_\_\_ Date Approved \_\_\_\_\_

**SECTION 1-SITE INFORMATION**

<b>1.1 Property Address:</b> _____ _____		<b>1.2 Assessors' Map &amp; Parcel #:</b> Map Number _____ Parcel Number _____			
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.4 Property Dimensions:</b> Lot Area (Sq. Feet) _____ Frontage (Ft.) _____			
<b>1.6 Building Setbacks (feet)</b>					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
<b>1.7 Water Supply (M.G.L. 40 § 54)</b> Public <input type="checkbox"/> Private <input type="checkbox"/>		<b>1.8 Sewage Disposal System</b> Public <input type="checkbox"/> On Site Disposal System <input type="checkbox"/>		<b>1.5 Flood Zone Information</b> Zone _____ Outside Zone <input type="checkbox"/>	

**SECTION 2-PROPERTY OWNERSHIP / AUTHORIZED AGENT:**

<b>2.1 Owner of Record:</b> _____ NAME (print) _____ X SIGNATURE	Address: _____ _____ Telephone: _____
<b>2.2 Authorized Agent:</b> _____ NAME (print) _____ X SIGNATURE	Address: _____ _____ Telephone: _____

**SECTION 3-CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**

<b>3.1 Licensed Construction Supervisor:</b> _____ Licensed Construction Supervisor _____ Address _____ X Signature	<b>Not Applicable</b> <input type="checkbox"/> License Number _____ Expiration Date _____ Telephone _____
<b>3.2 Registered Home Improvement Contractor:</b> _____ Company Name _____ Address _____ X Signature	<b>Not Applicable</b> <input type="checkbox"/> Registration _____ Expiration Date _____ Telephone _____

**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 <input type="checkbox"/>
Name (Registrant) _____	Registration Number _____
Address _____	Expiration Date _____
X Signature _____	Telephone _____

**5.2 Registered Professional Engineer:**

_____	_____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
X Signature _____	Expiration Date _____
_____	_____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
X Signature _____	Expiration Date _____
_____	_____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
X Signature _____	Expiration Date _____
_____	_____
Name _____	Area of Responsibility _____
Address _____	Registration Number _____
X Signature _____	Expiration Date _____

**5.3 General Contractor**

_____	Not Applicable <input type="checkbox"/>
Company Name) _____	
Address _____	
X Signature _____	

**SECTION 6 – DESCRIPTION OF PROPOSED WORK (Check all applicable)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alterations <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify:	<b>PER 780 CMR CODE 8<sup>TH</sup> EDITION 2009 IBC</b>	
Brief Description of Proposed Work: _____ _____ _____				

**SECTION 7 – USE GROUP AND CONSTRUCTION TYPE**

USE GROUP (Check as applicable)							CONSTRUCTION TYPE		
<b>A</b> Assembly	<input type="checkbox"/>	A-1 A-4	<input type="checkbox"/> <input type="checkbox"/>	A-2 A-5	<input type="checkbox"/> <input type="checkbox"/>	A-3	<input type="checkbox"/>	1A	<input type="checkbox"/>
<b>B</b> Business	<input type="checkbox"/>							1B	<input type="checkbox"/>
<b>E</b> Educational	<input type="checkbox"/>							2A	<input type="checkbox"/>
<b>F</b> Factory	<input type="checkbox"/>	F-1	<input type="checkbox"/>	F-2	<input type="checkbox"/>			2B	<input type="checkbox"/>
<b>H</b> High Hazard	<input type="checkbox"/>							2C	<input type="checkbox"/>
<b>I</b> Institutional	<input type="checkbox"/>	I-1	<input type="checkbox"/>	I-2	<input type="checkbox"/>	I-3	<input type="checkbox"/>	3A	<input type="checkbox"/>
<b>M</b> Mercantile	<input type="checkbox"/>							3B	<input type="checkbox"/>
<b>R</b> Residential	<input type="checkbox"/>	R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>	R-3	<input type="checkbox"/>	4	<input type="checkbox"/>
<b>S</b> Storage	<input type="checkbox"/>	S-1	<input type="checkbox"/>	S-2	<input type="checkbox"/>			5A	<input type="checkbox"/>
								5B	<input type="checkbox"/>
<b>U</b> Utility	<input type="checkbox"/>	Specify: _____							
<b>M</b> Mixed Use	<input type="checkbox"/>	Specify: _____							
<b>S</b> Special Use	<input type="checkbox"/>	Specify: _____							

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITION 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
Number 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 OWNER’S 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.

\_\_\_\_\_

X \_\_\_\_\_  
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 \_\_\_\_\_

X  
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			
2. Electrical			
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total+ (1+2+3+4+5)			

**SECTION 12 – DEBRIS DISPOSAL**

In accordance with the provisions of MGL, C.0, S.4, a condition of this Building 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 C111, S151A.

**NAME & LOCATION OF FACILITY:** \_\_\_\_\_

**SIGNATURE OF PERMIT APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION 13 – DEPARTMENT APPROVALS FOR COMMERCIAL BUILDINGS**

Department	Approved	Date	N/A	Department	Approved	Date	N/A
Board of Appeals-Variances				D.P.W. - St. Opening			
Board of Health-Septic/Well/Bedroom				D.P.W. - Sewer			
Conservation Commission				D.P.W. - Storm Water			
Planning-Sub-Divisions				Fire-Life Safety			
Tax Collector Taxes							