



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



**The Town of Halifax**  
 499 Plymouth Street  
 Halifax, MA 02338

**PERMIT NO.**

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF,  
 OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY

**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 ( Sq. Ft.)

\_\_\_\_\_ Frontage (Ft.)

**1.5 Building Set Backs (Ft.)**

FRONT YARD

LEFT SIDE

RIGHT SIDE

REAR YARD

Required

Provided

Required

Provided

Required

Provided

Required

Provided

**1.6 Water Supply (MGLC40)**

Public

Private

**1.7 Flood Zone Information:**

Zone \_\_\_\_\_ Outside Flood Zone

**1.8 Sewerage Disposal System Plan:**

Approved Plan Attached

Pending

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

**2.1 Owner Of Record:**

\_\_\_\_\_ Name (Print)

\_\_\_\_\_ Address for Service

\_\_\_\_\_ Signature

\_\_\_\_\_ Address Cont.

\_\_\_\_\_ Telephone

**2.2 Authorized Agent:**

\_\_\_\_\_ Name (Print)

\_\_\_\_\_ Address for Service

\_\_\_\_\_ Signature

\_\_\_\_\_ Address Cont.

\_\_\_\_\_ Telephone

**SECTION 3- CONSTRUCTION SERVICES:**

**3.1 Licensed Construction Supervisor:**

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Signature

\_\_\_\_\_ Telephone:

Not Applicable

\_\_\_\_\_ License Number

\_\_\_\_\_ Expiration Date

**3.2 Registered Home Improvement Contractor:**

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ Signature

\_\_\_\_\_ Telephone:

Not Applicable

\_\_\_\_\_ Registration Number

\_\_\_\_\_ Expiration Date

**SECTION 4- WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c 152 s 25C(6))**

Worker's Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this Affidavit will result in the denial of issuance of this 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 CUBIC FEET OF ENCLOSED SPACE)**

**Registered Architect**

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

**Registered Engineer**

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

**Registered Engineer**

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

**Registered Engineer**

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

**Registered Engineer**

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

**SECTION 6- DESCRIPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair <input type="checkbox"/>	Alteration <input type="checkbox"/>	Renovation <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other (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"/>		1 A <input type="checkbox"/>
B Business	<input type="checkbox"/>				1 B <input type="checkbox"/>
E Educational	<input type="checkbox"/>				2 A <input type="checkbox"/>
F Factory	<input type="checkbox"/>	F - 1 <input type="checkbox"/>	F - 2 <input type="checkbox"/>		2 B <input type="checkbox"/>
H High Hazard	<input type="checkbox"/>				2 C <input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I - 1 <input type="checkbox"/>	I - 2 <input type="checkbox"/>		3 A <input type="checkbox"/>
M Mercantile	<input type="checkbox"/>				3 B <input type="checkbox"/>
R Residential	<input type="checkbox"/>	R - 1 <input type="checkbox"/>	R - 2 <input type="checkbox"/>	R - 4 <input type="checkbox"/>	4 <input type="checkbox"/>
S Storage	<input type="checkbox"/>	S - 1 <input type="checkbox"/>	S - 2 <input type="checkbox"/>		5 A <input type="checkbox"/>
					5 B <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 OF USE**

Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 3408 34): _____	Proposed Hazard Index 780CMR 34): _____

**SECTION 8- BUILDING HEIGHT AND AREA**

BUILDING AREA	Existing ( if applicable )	Proposed
Number of Floors or stories including Basement levels		
Floor Area per Floor ( sq. ft )		
Total Height ( ft. )		

**SECTION 9- CMR 780 FIRE PROTECTION SYSTEMS APPROVAL / ACCEPTANCE**

Required: **Complete fire protection construction documents shall be submitted in accordance with 780 CMR 110** and a building permit obtained prior to the installation of all “required” or “non required” fire protection systems, including modifications, alterations, additions, or declarations to existing fire protection systems. *The fire protection construction documents shall contain sufficient information to completely describe the fire protection systems, including operational features. The information required pursuant to 780 CMR 903.0 shall include where required, the items listed in 780 CMR 903.1.1*

FIRE PROTECTION SYSTEMS APPROVALS / ACCEPTANCE DOCUMENTS INCLUDED: YES  NO

**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,  
 \_\_\_\_\_, of \_\_\_\_\_  
 to act on my behalf, in all matters relative to work authorized by this building permit.

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

**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.

\_\_\_\_\_, of \_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Owner / Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

**SECTION 11- ESTIMATED CONSTRUCTION COSTS:**

Item:	Estimated Cost (Dollars) to be completed by applicant	OFFICIAL USE ONLY	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Cost of Construction	
3. Plumbing		<b>BUILDING PERMIT FEE:</b>	
4. Mechanical (HVAC)			
5. Fire Protection		<u>VALIDATION:</u>	
6. Total ( 1+2+3+4+5 )			

**AUTHORIZATIONS:**

- |  |       |      |   |       |      |
|--|-------|------|---|-------|------|
| <input type="checkbox"/> HISTORIC DIST. COMMISSION | _____ | Date | <input type="checkbox"/> FIRE DEPARTMENT    | _____ | Date |
| <input type="checkbox"/> TAX COLLECTOR             | _____ | Date | <input type="checkbox"/> HIGHWAY DEPARTMENT | _____ | Date |
| <input type="checkbox"/> CONSERVATION COMMISSION   | _____ | Date | <input type="checkbox"/> PLANNING BOARD     | _____ | Date |
| <input type="checkbox"/> BOARD OF HEALTH           | _____ | Date | <input type="checkbox"/> ZONING BOARD       | _____ | Date |

APPROVED  DENIED

\_\_\_\_\_  
 INSPECTOR OF BUILDINGS / BUILDING COOMISSIONER Date