

# CITY OF FRAMINGHAM

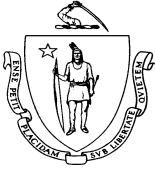
## BUILDING PERMIT APPLICATION REQUIREMENTS

### COMMERCIAL RENOVATIONS/ADDITIONS and NEW BUILDINGS

Please be advised that the list of items below are required in order to issue a Building Permit. The responsibility to gather and submit this information rests with the Owner, Architect, and General Contractor. Inspectional Services staff will accept the building permit application, plans and documents, this acceptance does not mean that the permit will be approved. The submittal will be given to our Plans Examiner for further review. Failure to submit items from this list shall result in a denial of the Building Permit Application.

- 1) Completed building permit application.
- 2) Permit fee.
- 3) Workers compensation insurance affidavit & Certificate
- 4) Copy of CSL
- 5) Debris removal affidavit.
- 6) **D.P.W. Specific Condition Approval letter:** issued for any new or modified utilities (water, sewer, drainage, easement, etc.) and/or Public Way infrastructure work components (sidewalk, roadway, traffic signal, curb cuts, etc.) specifying required Permits, Utility Fees, As-built plan, and Work Scope Condition Points for Developer compliance that will determine DPW processing of Final Occupancy request.
- 7) **Construction control affidavit(s)**
- 8) **Site plan:** – 2 hard copies and 1 PDF format emailed to **BUILDINGPLANS@FRAMINGHAMMA.GOV**
- 9) **2 sets of hard copies building plans:** - 780 CMR 107.1 thru 107.5 and 1 PDF format emailed to **BUILDINGPLANS@FRAMINGHAMMA.GOV**
  - a. Building Code Study
  - b. Occupant Load
  - c. Type of Construction
  - d. Height & Area Calculations
- 10) **Energy Code Compliance documents:** – Stretch Energy Code - 780 CMR 115 Appendix AA
- 11) **Existing Structures:** For projects involving existing buildings, Investigation/Evaluation Report for the existing structure is required. The single IEBC Method shall be clearly identified. 780 CMR 3401.1 Section 101.5.4.0.
- 12) **Safeguard Report:** For projects involving existing buildings, See 780 CMR 3309.2
- 13) **Fire Protection Plans:** Plans with original seal/signature of MA registered design professional identified in #7 above. Plans shall be dedicated to each type of system (i.e. only fire alarm system equipment shown on fire alarm drawings) 780 CMR 901.2.1.
- 14) **Fire Protection Narrative:** Narrative with original seal(s)/signature(s) of MA registered design professional(s) identified in #7 above
- 15) **Fire Suppression Water Supply:** For projects involving fire sprinkler systems, certification that proposed water supply is sufficient for proposed design. (i.e. hydraulic calculations) 780 CMR 901.2.1
- 16) **Certification of recording and copy of variances/special permits** if applicable.
- 17) If applying for alcohol pouring license you **MUST** apply for a Certificate of Inspection

*\*Please note that submitted plans are required to be complete, including but not limited to structural and architectural drawings, fire suppression and alarm drawings, handicapped accessibility features, and required site work. "Foundation only" permit applications are required to be accompanied by a written request for phased approval in accordance with 780 CMR 107.3.3 and are issued at the discretion of the Building Commissioner.*



# City of Framingham, Building Department

150 Concord Street, Room 203  
Framingham, MA 01702  
p. 508-532-5500 f. 508-532-5795



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

(This Section For Official Use Only)

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

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

No. and Street \_\_\_\_\_

Name of tenant/owner \_\_\_\_\_

### 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 indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Debris Removal:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Railroad right-of-way:**  
Not Applicable   
or Consent to Build enclosed

**Hazards to Air Navigation:**  
Is Structure within airport approach area?  
Yes  or No

**Historic District?**  
Yes  No

- FFD       B.O.H.       ZBA       FHC  
 CON. COMM.       PLAN BD       DPW-ENG

PERMIT PICK-UP CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**SECTION 8: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

\_\_\_\_\_  
 Name (Print)                      No. and Street                      City/Town                      Zip

\_\_\_\_\_  
 Title                      Telephone No. (business)                      Telephone No. (cell)                      e-mail address

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.

**SECTION 9: CONSTRUCTION CONTROL AND CONTRACTOR**

**9.1 Registered Professional Responsible for Construction Control**

\_\_\_\_\_  
 Name (Registrant)                      Telephone No.                      e-mail address                      Registration Number

\_\_\_\_\_  
 Street Address                      City/Town                      State                      Zip                      Discipline                      Expiration Date

**9.2 General Contractor**

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Name of Person Responsible for Construction                      License No. and Type if Applicable

\_\_\_\_\_  
 Street Address                      City/Town                      State                      Zip

\_\_\_\_\_  
 Telephone No. (business)                      Telephone No. (cell)                      e-mail address

**SECTION 10: CONSTRUCTION COSTS AND PERMIT FEE**

**BUILDING PERMIT FEE WILL BE AMENDED (IF NECESSARY) TO INCLUDE ACTUAL CONSTRUCTION COSTS BEFORE A PERMANENT OCCUPANCY WILL BE ISSUED. SEE FORM A1AG702703.**

Item	Estimated Costs: (Labor and Materials)	Official Use Only (\$100.00 Minimum)	
		(a) Building Permit Fee Multipliers \$15.00/\$1000.	(b) Estimated Total Cost (6)
1. Building	\$	<b>Building Permit Fee (a) x (b)</b>	
2. Electrical	\$		
3. Plumbing	\$		
4. Mechanical (HVAC)	\$		
5. Fire Protection	\$		
6. Total Cost = (1+2+3+4+5)	\$	Check Number	

**SECTION 11: SIGNATURE OF BUILDING PERMIT APPLICANT**

I hereby certify that I am the owner's agent / contractor for the property listed above and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Framingham Zoning By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

\_\_\_\_\_  
 Please print and sign name                      Title                      Telephone No.                      Date

\_\_\_\_\_  
 Street Address                      City/Town                      State                      Zip

DENIAL FOR ZONING BOARD OF APPEALS:

PER SECTION:

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 BUILDING COMMISSIONER



# CITY OF FRAMINGHAM

INSPECTIONAL SERVICES DIVISION / DEPARTMENT OF BUILDING INSPECTION

**Fred Bray**  
Director / Building Commissioner

**508-532-5500**  
www.framinghamma.gov

**MEMORIAL BUILDING**  
150 Concord Street, Rm 203  
Framingham, MA 01702

## DEBRIS AFFIDAVIT

JOBSITE LOCATION: \_\_\_\_\_

In accordance with the provisions of MGL c 40, s 54, a condition of Building Permit Number \_\_\_\_\_ is that debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, 2 150A.

The debris will be disposed of in:

\_\_\_\_\_  
Location of Facility

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4.  I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 6.  We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

**Type of project (required):**

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)