



Building & Zoning Approval Form APPLICATION INFORMATION

ADDRESS _____

PROPOSED USE: _____

EXISTING USE NEW USE CHANGE IN USE

STAMPED PLOT PLAN ATTACHED YES NO

DATE OF PLANNING BOARD APPROVAL ____ / ____ / ____

APPROVAL FORM ATTACHED? YES NO N/A

DATE OF ZONING BOARD APPROVAL ____ / ____ / ____

RECORDED APPROVAL FORM ATTACHED YES NO N/A

COPY OF PARKING LOT LICENSE PROVIDED YES NO N/A

PROPOSED OCCUPANCY RATING _____ PERSONS

SUBMITTED BY _____ (Property Owner or Legal Representative)

OFFICE USE ONLY

ZONE _____

USE COMPLIANCE YES SPECIAL PERMIT PRE-EXISTING

SETBACK COMPLIANCE YES VARIANCE

PARKING COMPLIANCE YES VARIANCE SPECIAL PERMIT

APPROVED OCCUPANCY _____ PERSONS

HISTORIC DEMOLITION COMPLIANCE YES NO N/A

FLOOD PLAIN COMPLIANCE YES N/A

APPROVED BY _____ DATE ____ / ____ / ____



State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR



Application for a Building Permit

Address _____

Application Entered By: _____

Application Date: _____

Plan Reviewed By: _____

Date: _____

Signature: _____

Date Issued: _____

Zone: _____ Proposed Use: _____ Census Tract: _____

Lot Area: _____ square feet
Front yard set back: _____ feet
Rear yard set back: _____ feet
Side yard set back: _____ feet
Side yard set back: _____ feet

Frontage: _____

Site Plan Approval: _____
Parking Approval: _____
ZBA Approval: _____

Zoning Review: _____
Zoning Officer

Public Water: _____ Flood Zone: _____ Sewer: _____

Owner of Record: _____ Phone Number: _____
Address: _____ Cell Number: _____
Signature: _____

Engineer: _____ Phone #: _____ Cell #: _____
Architect: _____ License Number: _____
Address: _____
Signature: _____

Licensed Construction Supervisor: _____ Phone #: _____ Cell #: _____
Address: _____ License Number: _____
Signature: _____

Home Improvement Contractor: _____ Phone #: _____ Cell #: _____
Address: _____ License Number: _____
Signature: _____

Worker's Compensation Insurance Affidavit Submitted: _____

Description of PROPOSED Work: _____

Construction Type: _____

Floor Area: _____ square feet

Number of Stories: _____

Use Group: _____

Office Use ONLY:

New Construction: _____ Existing Building: _____ Alteration: _____ Addition: _____

Repairs: _____ Accessory Bldg: _____ Demolition: _____ Other: _____

Building Permit Fee: By Office Permanent Record Retention Fee: By Office Sprinkler Fee: By Office

Other Fee: By Office

Estimated Construction Cost: \$ _____ .00 Total Fee: \$ _____ Fee Received: ____ / ____ / ____
Received By: _____

Owner Authorization:

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.

Signature of Owner

_____/_____/_____
Date

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

Signature of Owner / Authorized Agent

_____/_____/_____
Date

Building Permit Number _____

Street Address: _____

Do you intend to do interior work only? Yes: _____ No: _____

If Yes, you do not need to answer any of the questions below.

If No, please answer questions below.

If work includes exterior building activity and/or site work, please answer all the following questions.

1. Will any activity take place within 100 feet of a pond, lake, brook, stream, marsh or swamp?
YES: _____ NO: _____
2. Does this property fill up with water after a rainstorm and hold it for a while?
YES: _____ NO: _____
3. Will any activity take place within 100 feet of a storm drain component (catch basin, etc)?
YES: _____ NO: _____
4. Is the property within a flood plain designated under the National Flood Insurance Program?
YES: _____ NO: _____
5. Is this property steeply sloped?
(over 15% slope - pre or post construction)
YES: _____ NO: _____
 - a. If no, will activity alter at least 10,000 square feet of land?
YES: _____ NO: _____
 - b. If yes, will activity alter at least 5,000 square feet of land?
YES: _____ NO: _____

Signature

Print Name

Telephone Number

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU MAY NEED APPROVAL FROM THE WORCESTER PLANNING BOARD OR CONSERVATION COMMISSION BEFORE YOU START WORK.

This is not a legal determination. If you have any doubts or questions, it is your responsibility to notify the office of Division of Land Use.

For additional information regarding Local Wetlands Protection Ordinance and the Massachusetts Wetlands Protection act contact:

Department of Public Works
Engineering Division
20 East Worcester Street
Worcester, MA 01604
(508) 799-1454



**Department of Inspectional Services
Worcester, Massachusetts**

Building Unit

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

Building Permit # _____ 20__ will be issued subject to compliance with the requirements of the Commonwealth of Massachusetts State Building Code and the City of Worcester Zoning Ordinance.

Section 114.9 Posting of Permits:

A copy of the building permit provided by the Code Enforcement Division shall be kept in view and protected from the weather on the site of operations, open to public inspection during the entire time of prosecution of the work and until the certificate of occupancy shall have been issued. The building permit shall serve as an inspection record card to allow the building official conveniently to make entries thereon regarding inspection of the work.

Section 114.10 Notice of Start:

At least twenty-four (24) hours notice of start of work under a building permit shall be given to the building official.

READ BEFORE SIGNING

Signature: _____

Print Name: _____

Address & Zip Code: _____

Telephone: _____



**Department of Inspectional Services
Worcester, Massachusetts**

Building Unit

John R. Kelly
Commissioner/
Building Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

AFFIDAVIT

In accordance with Article 1 Section 111.5 of the Massachusetts State Building Code, I certify that all debris resulting from work associated with Building Permit # _____ at property _____ Will be properly disposed of at:

_____,
A licensed solid waste disposal facility as defined by MGL C 111 & 150 A.

Date

Signature of Permit Applicant

Print Name of Applicant

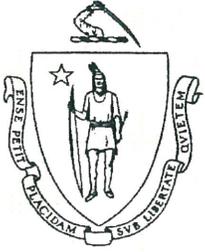
Firm Name (if any)

Address

The Code Enforcement Division acting under Chapter 8, Article 7 of the 1996 Worcester Revised Ordinances requires proof of disposal of debris generated as a result of this permit. The proof shall be a dated and signed receipt from the licensed disposal facility containing the following information:

A description of the debris, the weight and volume of the debris and the location of the disposal facility. The receipt must also have a signature of the owner/operator of the disposal facility.

Failure to comply with requirements of this ordinance will result in enforcement action by the City of Worcester.



Initial Construction Control Document

To be submitted with the building permit application by a **Registered Design Professional** for work per the 9th edition of the Massachusetts State Building Code, 780 CMR, Section 107.6.2

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: New construction Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional*, and hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- Entire Project Architectural Structural Mechanical
- Fire Protection Electrical Other _____

for the above named project and that such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Seal:

Signature: _____ Date: _____

| | | |
|-------------------------------|-------------------|-------------|
| Building Official Use Only | | |
| Building Official Name: _____ | Permit No.: _____ | Date: _____ |



City of Worcester Department of Inspectional Services

Home Improvement Contractor Affidavit

MGL c. 142A requires that the “reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building” be done by registered contractors, with certain exceptions, along with other requirements.

Signed under the penalties of perjury, I hereby apply for a permit as the agent for the owner

CONTRACTOR NAME (PRINT)

CONTRACTOR SIGNATURE

REGISTRATION #

I hereby certify that registration is not required for the following reason(s):

- Owner securing permit (i.e.) homeowner permit
 Work excluded by law Construction cost under \$1,000
 Building not owner occupied Other (specify)

Homeowner Waiver:

Owners securing their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL c. 142A. If you wish to waive your rights to file a claim under the arbitration program or guaranty fund, then sign here. Otherwise, have the contractor complete the information above.

OWNER NAME (PRINT)

OWNER SIGNATURE

DATE



**Department of Inspectional Services
Worcester, Massachusetts**

John R. Kelly
Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

**Existing Building Checklist
IEBC 2015 w/ MA Amendments**
To be submitted with Building Permit Application

Address: _____, MA

(Street Number & Name) (City/Town)

Unit/Suite: (location within building) _____

Occupancy: (Check one) Not Previously Occupied Previously Occupied

Work proposed: _____

Construction Control building at 35,000 c.f. or greater Yes No
If Yes, then "Investigation & Evaluation Report" is required (780 CMR 101.5.4.0)

Compliance Method: [Only one method to be used] (Check all boxes that apply)

Prescriptive
(Chapter 3)

Work Area
(Chapters 4-12)

Performance
(Chapter 13)

- | | | |
|--|---|--|
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Repairs (Chapter 5) | <input type="checkbox"/> Repairs |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Alteration: (Check only one) | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Level 1: Chapter 6 | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Level 2: Chapter 7 & 6 | <input type="checkbox"/> Change of Occupancy |
| | <input type="checkbox"/> Level 3 Chapter 8, 7, & 6 | |
| | <input type="checkbox"/> Change of Occupancy: Chapter 9 | |
| | <input type="checkbox"/> Additions: Chapter 10 | |
| | <input type="checkbox"/> Historic Buildings: Chapter 11 | |
| | <input type="checkbox"/> Relocated or Moved Buildings: Chapter 12 | |

Applicant's Name: (print) _____

Signature: _____ Date: _____



John R. Kelly
Commissioner

Department of Inspectional Services
Worcester, Massachusetts

Architectural Access Board
Building Permit Data Sheet

Amanda M. Wilson, Director
Housing/Health Inspections

In accordance with the requirements of 521 CMR-3 (the Architectural Access board regulations) all constructions reconstructions, alteration, remodeling, or changes of use in public buildings or the facilities open to the public shall conform to the requirements of 521 CMR. The following information must be submitted with any building permit for the work covered under these provisions.

Property Address: _____

Building Use: _____

A) City of Worcester's assessed value for the building: \$ _____

A1) For buildings with more than one (1) tenant, where the project *only affects one tenant*:

Tenant Multiplier + Tenant Space Area (____) ÷ Total Building Area (____) = ____

Modified Assessed Value = Tenant Space Area (____) ÷ Total Building Area (____) = ____

Use the "**Modified Assessed Value**" in place of the city's assessed value in boxes C & D

B) Total construction cost of **all projects performed in the past thirty-six (36) months**, including the currently proposed work (excluding roofing windows masonry repairs septic systems, site utilities, and landscaping work: \$ _____

C) Percent (%) of Value = (B ÷ A or A1) _____ X 100 = _____ %

D) **When the percent (%) of the value is less than (<) 30 percent (%) and the construction cost (b) is less than (<) \$100,000**, then only the proposed work must comply with the Architectural Access Board regulations. **When the percent (%) of the value is less than (<) 30 percent (%) and the construction cost (b) is greater than or equal to (≥) \$100,000**, then the proposed work must comply with Architectural Access Board regulations and the following must be provided:

- * An accessible entrance
- * An accessible toilet room
- * Accessible public telephone and drinking fountain, if provided

When percent (%) of the value is greater than or equal to (≥) 30 Percent (%), then the entire facility must comply. In the case of single tenant renovations, then the entire single tenant space must comply.

I hereby submit the above information relative to the property in question and, to the best of my knowledge and belief, it is accurate and complete.

Signature

Title

Date