



Town of Wakefield

BUILDING PERMIT APPLICATION



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

Building Permit Number: _____ Date Issued: _____

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 (sf) _____ Frontage (ft) _____			
1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

SECTION 2 — PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:		
Name (Print) _____		Email Address _____
Signature _____	Telephone _____	
2.2 Authorized Agent:		
Name (Print) _____		Email Address _____
Signature _____	Telephone _____	

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

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

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 4.1 — DEBRIS)

In accordance with the provisions of MGL c. 40, s. 54, a condition of Building Permit Number _____ 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, s. 150A.

The debris will be disposed of in: _____
(Location of Facility)

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**

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

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

5.3 General Contractor

Company Name _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>
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SECTION 6 – DESCRIPTION OF PROPOSED WORK (check all applicable)

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

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 _____

Signature of Owner _____

Date _____

SECTION 11 — ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier	
1. Building		(b) Estimated Total Cost of Construction from (6)	
2. Electrical		Building Permit Fee (a) x (b)	
3. Plumbing and Gas			
4. Mechanical (HVAC)			
5. Fire Protection			
6. Other Specify _____		Check Number	

SECTION 7c**THIS SECTION FOR OFFICIAL USE ONLY**

Approved by

Fire Department _____

Date _____

Board of Health _____

Date _____

Inspector of Buildings _____

Date _____