

Town of Holliston Building Department
703 Washington Street
Holliston, MA 01746
508-429-0606

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, DEMOLISH A NON-RESIDENTIAL BUILDING

SECTION 1: PROPERTY ADDRESS: _____

SECTION 2: PROPOSED WORK (Brief Description) _____

(check all applicable)
____ New Construction ____ Existing Building ____ Repair ____ Alteration ____ Addition ____ Demolition
____ Accessory Building ____ Other, Specify: _____

SECTION 3: CONSTRUCTION SERVICES

3A. CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Licensed Construction Supervisor: _____ Phone _____
Company Name _____ License Number _____
Address _____ Expiration Date _____
Signature _____

Registered Home Improvement Contractor: _____ Phone _____
Company Name _____ Registration Number _____
Address _____ Expiration Date _____
Signature _____

3B. 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)

Registered Architect: _____ Phone _____
Company Name _____ Registration Number _____
Address _____ Expiration Date _____
Signature _____

Registered Professional Engineer(s):

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

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

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

General Contractor:

Company Name _____ Phone _____
 Superintendent in charge of construction _____ License _____
 Address _____ Expiration Date _____
 Signature _____

SECTION 4: USE GROUP AND CONSTRUCTION TYPE

| USE GROUP (check as applicable) | | CONSTRUCTION TYPE | |
|--|--|------------------------------------|--|
| 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"/> | <input type="checkbox"/> 1A <input type="checkbox"/> 1B |
| Business | | | <input type="checkbox"/> 2A |
| Educational | | | <input type="checkbox"/> 2B |
| Factory | <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 | | <input type="checkbox"/> 2C |
| High Hazard | | | <input type="checkbox"/> 3A |
| Institutional | <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 | | <input type="checkbox"/> 3B |
| Mercantile | | | <input type="checkbox"/> 4 |
| Residential | <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 | | <input type="checkbox"/> 5A |
| Storage | <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 | | <input type="checkbox"/> 5B |
| Utility | Specify: | | |
| Mixed Use | Specify: | | |
| Special Use | 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 5: BUILDING HEIGHT AND AREA

| BUILDING AREA | EXISTING | PROPOSED |
|---|----------|----------|
| Number of floors or stories including basement levels | | |
| Floor Area per Floor (sf) | | |
| Total Area (sf) | | |
| Total Height (ft) | | |

SECTION 6: STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Engineering Structural Peer Review Required Yes No

SECTION 7: ESTIMATED COSTS / PERMIT FEE

| ESTIMATED CONSTRUCTION COSTS | BUILDING PERMIT FEE CALCULATION |
|--------------------------------|--|
| 1. Building.....\$ _____ | (a.) Building Estimate \$ _____ (by thousands rounded up to the nearest thousand) |
| 2. Electrical..... _____ | |
| 3. Plumbing..... _____ | (b.) Fee Multiplier X <u>10</u> (\$10 per \$1,000 or part thereof) |
| 4. Mechanical..... _____ | |
| 5. Fire Protection..... _____ | |
| 6. TOTAL \$ _____ | BUILDING PERMIT FEE (a)X(b)* _____ <i>* \$50.00 minimum</i> |

SECTION 8: WORKERS COMPENSATION INSURANCES AFFIDAVIT (M.G.L.c.152, Sec. 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 9: PROPERTY OWNERSHIP / AUTHORIZED AGENT

Owner of Record: _____ Phone _____
Address _____

Authorized Agent: _____ Phone _____
Address _____

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.

Signature of Owner _____ Date _____

OWNER / AUTHORIZED AGENT DECLARATION: TO BE COMPLETED ON ALL APPLICATIONS

I, _____, as Owner / Authorized Agent hereby declare that the statement 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.

Signature of Owner / Agent _____ Date _____

SECTION 10: SITE INFORMATION

Assessor's Sheet _____ Block _____ Lot _____ Lot Area (sq. ft.) _____

Zoning District _____ Proposed Use _____

| | | | | | | | |
|---|---------------|-------------------------------|--------------------|-------------------------------|-----------------|----------------------|----------|
| Water Supply (M.G.L.c.40, Sec. 54) | | Flood Zone Information | | Sewage Disposal System | | | |
| _____ Public | _____ Private | Zone _____ | Outside Zone _____ | On Site _____ | Municipal _____ | | |
| Front Yard Setback | | Side Yards Setbacks | | Rear Yard Setback | | Frontage (ft) | |
| Required | Provided | Required | Provided | Required | Provided | Required | Provided |
| | | | | | | | |

THIS SECTION FOR OFFICIAL USE ONLY

APPROVAL

Building Permit Number _____ Date Issued _____ Fee Pd. _____

Approved By: _____, Inspector of Buildings

DENIAL

Reason for Denial: _____ Date Denied _____

Denied By: _____, Inspector of Buildings

COMPLIANCE

Compliance Permit Number _____ Date Issued _____ Fee Pd. _____

Approved By: _____, Inspector of Buildings