

Michael J. Sauvageau
Building Commissioner
Zoning Official



Ritter Memorial Building
960 Massachusetts Avenue
Lunenburg, MA 01462
Phone: 978 582 4146

Town of Lunenburg

Building Department

NEW COMMERCIAL BUILDING

PROPERTY ADDRESS _____ DATE _____

APPLICANT NAME _____ TELEPHONE _____

Before submitting a building permit application, the following departments must sign off.

BOARD OF HEALTH _____ DATE _____

TAX COLLECTOR _____ DATE _____

SEWER DEPARTMENT _____ DATE _____
(If on public sewer)

ZONING OFFICER _____ DATE _____

CONSERVATION COMMISSION _____ DATE _____

PLANNING BOARD _____ DATE _____

FIRE DEPARTMENT _____ DATE _____

DEPARTMENT OF PUBLIC WORKS _____ DATE _____

SELECTMAN'S OFFICE _____ DATE _____

ASSESSOR'S OFFICE _____ DATE _____

PLANNING AND DEVELOPMENT _____ DATE _____

TOWN CLERK _____ DATE _____



Town of Lunenburg Building Department
PO Box 135 17 Main Street Lunenburg, MA 01462
Phone: (978) 582-4146

Building Permit Application

Mike Sauvageau, Building Inspector

Office Hours: Town Hall - Mon, Wed & Thurs., 8 - 4; Tues., 8 - 6:30 pm, Fri 8 - 12 noon
Town Hall, Second Floor

BUILDING PERMIT APPLICATION PACKAGE SUBMITTAL REQUIREMENTS

The following documents and information shall be presented to the Building Inspector as part of the application for a building permit.

APPLICATIONS FOR A BUILDING PERMIT MUST BE MADE IN PERSON TO THE BUILDING INSPECTOR. LICENSED CONTRACTORS ARE OBLIGATED TO OBTAIN PERMITS FOR ALL CONTRACTED WORK. HOMEOWNERS MAY OBTAIN THEIR OWN PERMITS WHEN DOING THE WORK.

Items 1 through 10 below shall be submitted in person to the Building Inspector at the Lunenburg Town Hall during office hours. (see attached sheet). Failure to provide any of the listed items or information will result in the application being deemed incomplete. Allow at least two (2) weeks from the date of completion for issuance of the building permit.

In all cases where work covered by a building permit application involves a variance issued by the Zoning Board of Appeals (ZBA), or a special permit issued by any special permit granting authority (SPGA), or an Order of Conditions issued by the Conservation Commission, or any other document required to be recorded, proof of recording at the Worcester Registry of Deeds shall also be required as part of the application submittal.

- 1. APPLICATION FORM:** Each application form shall be filled out completely and signed by both the homeowner and the builder.
- 2. FEE:** A check payable to the Town of Lunenburg covering the cost of the building permit, as determined by the Building Inspector.
- 3. WORKER'S COMPENSATION AFFIDAVIT:** This affidavit shall be fully completed and signed if a contractor is conducting the work. The required certificates shall be attached.
- 4. BUILDING PLANS AND SPECIFICATIONS:** Two (2) copies of the complete detailed building plans and specifications shall be submitted and must contain the owner's name, address, date of submittal, subdivision lot number, street, and house number. Further, the plans shall show all smoke detectors and CO detectors as required by the Massachusetts State Building Code. If the plans include the LVL's, paralam or steel beams, all calculations, signed and stamped by a structural engineer, shall be submitted along with the plans.
- 5. SEPTIC SYSTEM PERMIT:** This permit shall be current and valid, signed by the Board of Health, and designed for applicable lot and house.
- 6. WATER TEST RESULTS:** A copy of the complete chemical analysis, as required by the Board of Health, showing that potable water is available.
- 7. STREET NUMBER & DRIVEWAY PERMIT:** The street number is assigned by the Building Inspector before the driveway permit is issued. A copy of the driveway permit must be provided. In the case of a Common Driveway each application shall include a copy of the Common Driveway permit as recorded at the Registry of Deeds, and a lot release signed by the Planning Board.
- 8. ENERGY AUDIT:** As required by the Massachusetts State Building Code for heated spaces, the energy audit shall contain project address and name of person performing the audit. The audit shall be submitted on the attached form and signed by the individual performing the audit. Applications for additions and sunrooms may use the appropriate alternate energy compliance form.
- 9. PLOT PLAN:** For new construction a plan of the buildable lot, either an ANR plan signed by the Planning Board or the applicable sheet from an approved subdivision plan or backland lot plan shall be provided. A scaled drawing may be submitted for minor construction projects.



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

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

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

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

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____

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 F-2 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 111.01 for details on each item)

Water Supply: Public Private Flood Zone Information: Check if outside Flood Zone or indentify Zone: _____ Sewage Disposal: Indicate municipal or on site system Trench Permit: A trench will not be required or trench permit is enclosed Debris Removal: Licensed Disposal Site or specify: _____

Railroad right-of-way: Not Applicable or Consent to Build enclosed Hazards to Air Navigation: Is Structure within airport approach area? Yes or No MA Historic Commission Review Process: Is their review completed? Yes No

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____ Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

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

Property Owner Contact Information:

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 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

10.2 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 11: WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

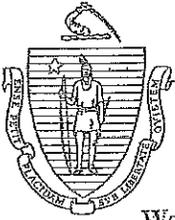
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name _____ Title _____ Telephone No. _____ Date _____

Street Address _____ City/Town _____ State Zip _____

Municipal Inspector to fill out this section upon application approval.

Name _____ 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 attach 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 #: _____