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 ☐ 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)

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

Railroad right-of-way:	**Hazards to Air Navigation:**	MA Historic Commission Review Process**:**
Not Applicable ☐ or Consent to Build enclosed ☐	Is Structure within airport approach area? Yes ☐ or No ☐	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	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Other)	$
6. Total Cost	$

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 _____

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

Appendix 1

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

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

For the above described property the following action was taken:

Water Shut Off?	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Gas Shut Off?	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Electricity Shut Off?	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
_____	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Other (if applicable)			
_____	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
		Other (if applicable)	

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

		Mark "x" where applicable		
No.	**Item**	**Submitted**	**Incomplete**	**Not Required**
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to ***triple the original permit fee***.

Registered Professional Contact Information

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

CITY OF BEVERLY MASSACHUSETTS 01915

Municipal Inspections Department

780 CMR 107.6 CONSTRUCTION CONTROL – PRELIMINARY AFFIDAVIT

PROJECT LOCATION _____

TENANT NAME _____

NATURE OF PROJECT _____

ARCH. AND/OR ENGINEER _____

ADDRESS AND TELEPHONE_____

IN ACCORDANCE WITH 780 CMR 107.6 OF THE MASSACHUSETTS STATE BUILDING CODE, I, _____REGISTRATION NO. _____ BEING A REGISTERED PROFESSIONAL ENGINEER/ARCHITECT 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 (SPECIFY) _____

FOR THE ABOVE NAMED PROJECT AND THAT, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF SUCH PLANS, COMPUTATIONS AND SPECIFICATIONS MEET THE APPLICABLE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE, ALL ACCEPTABLE ENGINEERING PRACTICES AND APPLICABLE LAWS AND ORDINANCES FOR THE PROPOSED USE AND OCCUPANCY.

I FURTHER CERTIFY THAT I SHALL PERFORM THE NECESSARY PROFESSIONAL SERVICES AND BE PRESENT ON THE CONSTRUCTION SITE ON A REGULAR AND PERIODIC BASES TO DETERMINE THAT THE WORK IS PROCEEDING IN ACCORDANCE WITH THE DOCUMENTS APPROVED FOR THE BUILDING PERMIT AND SHALL BE RESPONSIBLE FOR THE FOLLOWING AS SPECIFIED IN 780 CMR 107.6.2.2.

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction documents as submitted for building permit, and approval for conformance to the design concept.
2. Review and approval of the quality control procedures for all code-required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the accepted engineering practice standards listed in Appendix B.

PURSUANT TO 780 CMR 107.6.4. I SHALL SUBMIT PERIODICALLY, ____ DAILY, ____ WEEKLY, OR _____ (OTHER PERIODS, specify) PROGRESS REPORTS TOGETHER WITH PERTINENT COMMENTS TO THE CITY OF BEVERLY BUILDING DEPARTMENT.

UPON COMPLETION OF THE WORK, I SHALL SUBMIT A FINAL REPORT AS TO THE SATISFACTORY COMPLETION AND READINESS OF THE PROJECT FOR OCCUPANCY.

SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

_____

NOTARY PUBLIC MY COMMISSION EXPIRES _____

CITY OF BEVERLY MASSACHUSETTS 01915

Municipal Inspections Department

780 CMR 107.6 CONSTRUCTION CONTROL – FINAL AFFIDAVIT

To the Building Commissioner of the City of Beverly:

Architect/Engineer Affidavit:

I certify that I have observed the work associated with permit no. _____ ,
dated _____ for _____ (project name and address).

To the best of my knowledge, information and belief, the work is complete and in conformance with the approved plans and the provisions of the Commonwealth of Massachusetts State Building Code and all other pertinent laws, rules and. regulations of the City of Beverly.

_____	_____
Architect or Engineer Mass. Reg. No.	Name (print)
_____	_____
Signature	Street Address
_____	_____
Date	City, State, Zip

Contractor Affidavit:

I certify that I have observed the work associated with permit no. _____,
dated _____ for _____ (project name and address).

To the best of my knowledge, information and belief, the work is complete and in conformance with the approved plans and the provisions of the Commonwealth of Massachusetts State Building Code and all other pertinent laws, rules and. regulations of the City of Beverly.

_____	_____
General Contractor License No.	Name (print)
_____	_____
Signature	Street Address
_____	_____
Date	City, State, Zip

Then personally appeared the above named _____
and made oath that the above statements by them are true.

Before me, _____

_____date

My commission expires _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant information: **Please PRINT legibly**

name: _____

address: _____

city _____ state: _____ zip: _____ phone # _____

work site location (full address): _____

☐ I am a homeowner performing all work myself. Project Type: ☐ New Construction ☐ Remodel

☐ I am a sole proprietor and have no one working in any capacity. ☐ Building Addition

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

☐ I am a sole proprietor, **general contractor**, or **homeowner** (***circle one)*** and have hired the contractors listed below who have the following workers' compensation polices***:***

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature _____ Date _____

Print name _____ Phone # _____

official use only **do not write in this area to be completed by city or town official**

city or town: _____ **permit/license #** _____ ☐ **Building Department**

☐ **check if immediate response is required** ☐ **Licensing Board**

☐ **Selectmen's Office**

☐ **Health Department**

contact person: _____ **phone #;** _____ ☐ **Other** _____

(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits 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.

City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for you cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street,7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406

BEVERLY MUNICIPAL INSPECTIONS

CONSTRUCTION DEBRIS DISPOSAL FORM

780 CMR 111.5 & 5111.5 Debris. As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

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 _____

CONSTRUCTION SITE ADDRESS _____

Signature of Applicant _____ Date _____

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Signature of Applicant _____ Date _____

(PRINT OR TYPE THE FOLLOWING INFORMATION)

Name of Permit Applicant _____

Firm Name, if any _____

CITY OF BEVERLY
MINOR PROJECT APPLICATION
FOR PROJECTS DISTURBING LESS THAN ONE QUARTER ACRE

Submittal Date of Application: _____

TO THE DIRECTOR OF ENGINEERING: The undersigned hereby applies for a permit to disturb less than one quarter acre of land in accordance with the following specifications:

I. LOCUS INFORMATION

Ward: _____ Zoning District: _____ Assessors Map #: _____ Lot #: _____
Street Address of Lot to be worked on: _____ Lot Area: _____

II. RESPONSIBLE PARTY INFORMATION

Owner's Name: _____Phone No.: _____
Cell Phone No.: _____ Fax No.: _____
Owner's Mailing Address: _____

Contractor's Name: _____ Phone No.: _____
Cell Phone No.: _____ Fax No.: _____
License No.: _____
Contractor's Mailing Address: _____

III. PROJECT DESCRIPTION

Describe Work: _____
_____
_____

Anticipated amount of excavate to be removed from site: _____ cubic yards

Amount of excavate to be utilized on site: Backfill: _____cubic yards Grading: _____cubic yards
Other: _____cubic yards

Where and how will excavate be stockpiled on site? _____
_____

The undersigned acknowledge/s that any land clearing, construction, or development involving the movement of earth must be done in accordance with the City of Beverly's Erosion and Sediment Control and Materials Management Ordinance and any Plan approved by the Engineering Department under this Ordinance. Further, as the applicant representing the owner, I hereby certify that the proposed measures are authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Owner: _____ Date: _____
Signature of Applicant (if not owner): _____ Date: _____
Applicant's Business Address: _____ Phone No.: _____
Cell Phone Number: _____ Fax No.: _____

Accepted By: _____ Date: _____
Director of Engineering: _____ Date: _____

CITY OF BEVERLY
ABBREVIATED EROSION/SEDIMENT CONTROL & MATERIALS MANAGEMENT APPLICATION
FOR PROJECTS DISTURBING LESS THAN ONE ACRE BUT MORE THAN ONE QUARTER ACRE

Submittal Date of Application: _____

TO THE DIRECTOR OF ENGINEERING: The undersigned hereby applies for a permit to disturb less than one acre of land but more than one quarter acre of land in accordance with the following specifications:

I. LOCUS INFORMATION

Ward: _____ Zoning District: _____ Assessors Map #: _____ Lot #: _____
Street Address of Lot to be worked on: _____ Lot Area: _____

II. RESPONSIBLE PARTY INFORMATION

Owner's Name: _____Phone No.: _____
Cell Phone No.: _____ Fax No.: _____
Owner's Mailing Address: _____

Contractor's Name: _____ Phone No.: _____
Cell Phone No.: _____ Fax No.: _____
License No.: _____
Contractor's Mailing Address: _____

III. PROJECT DESCRIPTION

Describe Work: _____
_____
_____

Anticipated amount of excavate: _____ cubic yards

Amount of excavate to be utilized on site: Backfill_____cubic yards Grading_____cubic yards
Other_____cubic yards

Amount of excavate to be removed from site: _____cubic yards

Where will excavate be stockpiled on site? _____
_____

How will stockpiled material be protected from erosion?

- **Ringed w/ staked hay bales and/or entrenched silt fence_____**
- **Covered w/ staked geotextile or similar fabric_____**
- **Seeded with quick growing grass during growing season_____**
- **Other _____**

Describe the location of site entrance/exit and how public ways and associated drainage structures will be protected from soil and debris migrating off site by way of equipment traffic_____
_____
_____
_____

Describe measures to be taken to protect adjacent properties from sedimentation and migration of trash, debris and other material _____
_____
_____

Describe measures to be taken to house any hazardous materials, and protocol for mitigating their release_____
_____
_____

The undersigned acknowledge/s that any land clearing, construction, or development involving the movement of earth must be done in accordance with the City of Beverly's Erosion and Sediment Control and Materials Management Ordinance and any Plan approved by the Engineering Department under this Ordinance. Further, as the applicant representing the owner, I hereby certify that the proposed measures are authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Owner: _____ **Date:** _____
Signature of Applicant (if not owner): _____ **Date:** _____
Applicant's Business Address: _____ **Phone No.:** _____
Cell Phone Number: _____ **Fax No.:** _____

Accepted By: _____ **Date:** _____
Engineering Dept.: _____ **Date:** _____

CITY OF BEVERLY
EROSION/SEDIMENT CONTROL & MATERIALS MANANGEMENT APPLICATION

Submittal Date of Application_____

TO THE DIRECTOR OF ENGINEERING: The undersigned hereby applies for a permit to disturb one acre or more of land in accordance with the following specifications:

1. Locus Information

Ward:		**Zoning District**		**Assessor Map**		**Assessor Lot**	
Street Address				**Lot Area**			

2. Responsible Party Information

Owner Information

Name		**Phone No.**	
Address		**Fax No.**	
		Cell Phone No.	

Licensed Professional Engineer Information

Name		**Phone No.**	
Address		**Fax No.**	
		Cell Phone No.	
		Mass. License No.	

Contractor Information

Name		**Phone No.**	
Address		**Fax No.**	
		Cell Phone No.	
		License No.	

3. Site Description

Describe the Nature and Purpose of the Project, the overall site, and adjacent properties:

Describe Types of Soil Disturbing Activities:

Runoff Coefficient:	

Site Area:	

Sequence of Major Activities(in order of occurrence)

Order	Description of Activity	Estimated Date of Commencement of Work	Estimated Completion Date
	Installation of temporary erosion/sediment control measures		
	Stripping and clearing		
	Rough grading		
	Construction of utilities		
	Construction of other infrastructure		
	Construction of buildings		
	Final grading and landscaping		
	Other (specify)		
	Other (specify)		

Description of Receiving Waters

4. Controls—Erosion & Sediment

Details and Specifications on Proposed Stabilization Practices (Erosion Controls)

Structural Practices (Sediment Controls)

Storm Water Management (Waterway/water course protection)

Offsite Vehicle Tracking (Construction site access)

5. Materials Management Practices

Materials Storage, application and disposal (Pesticides/Chemicals)

Hazardous Materials—Storage, use and disposal (Petroleum Products)

Sanitary Waste

Other Materials (Washout concrete/excess pavement etc)

6. Inspection

The Permittee shall notify the City of Beverly Engineering Department at least two working days before the following:

A	**Start of construction**
B	**Installation of sediment and erosion control**
C	**Completion of site clearing**
D	**Completion of rough grading**
E	**Completion of final grading**
F	**Close of construction season**
G	**Completion of final landscaping**
H	**Removal of sediment and erosion control measures**

The undersigned acknowledge/s that any land clearing, construction, or development involving the movement of earth must be done in accordance with the City of Beverly's Erosion and Sediment Control and Materials Management Ordinance and any Plan approved by the Engineering Department under this Ordinance. Further, as the applicant representing the owner, I hereby certify that the proposed measures are authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. I further certify that a legal notice in a newspaper of general circulation will be advertised and abutters notified by regular mail within 3 days of submission of this application.

Signature of Applicant_____Address_____Date_____

Signature of Owner		Date:	
Signature of Applicant(if not owner)		Date:	
Applicant's Business Address		Phone No.:	
		Fax No.:	
		Cell Phone No.:	

Accepted by			Date:	
Engineering Dept.			Date:	
Permit Fee:---$200.00	Check No.:		Date:	
Bond/LC Amount			Date:	

Required Attachments:

- **Natural resources map (Section 20-170.1.a.)**
- **Identification of sensitive or potentially problematic areas or characteristics on and adjacent to the site (Section 20-170.1.c.)**
- **Site development plan depicting the proposed project improvements, existing and proposed grades, and all erosion control measures (Section 20-170.1.d.)**
- **Vegetation/revegetation/landscaping plan (Section 20-170.1.g.)**
- **An operation and maintenance plan (Section 29-170.1.h.)**
- **Supporting calculations**

CITY OF BEVERLY – MUNICIPAL INSPECTIONS DEPARTMENT

STRETCH ENERGY CODE COMPLIANCE
COMMERCIAL BUILDINGS

INCLUDING RESIDENTIAL, 4 STORIES OR MORE

Effective January 1, 2012

Project Address: _____ Date _____
Description of Project: _____

Check all that are applicable to the proposed project:

- ❑ **NEW CONSTRUCTION**
  - ❑ **Buildings Under 5000 ft^2** - Exempt from Stretch Code Requirements, but must comply with IECC
  - ❑ **Buildings 5000 ft^2 - 100,000 ft^2** (including residential buildings of 4 or more stories)
    - ❑ Performance Option (780 CMR 120AA 501.l.1) - Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
    - ❑ Prescriptive Option (780 CMR 120AA 501.1.4)
    - ❑ Compliant with Ch. 5 IECC, plus Stretch Code requirements plus one of the following:
      - ❑ More efficient heating and cooling equipment
      - ❑ More efficient lighting
      - ❑ Provide at least 3% of the onsite electric load from onsite renewable generation
  - ❑ **Buildings Over 100,000 ft^2** (including residential buildings of 4 or more stories)
    - ❑ Performance Option (780 CMR 120AA 501.1.1)
      Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
  - ❑ **Special case buildings greater than 40,000 ft^2**
    Supermarket _____, Warehouse _____, Laboratory _____
    Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
  - ❑ **Work is Exempt from Stretch Code Requirements** (but must comply with IECC)
    Commercial Building less than 5000 ft^2 _____, Special Case Building less than 40,000 ft^2 _____

- ❑ **ALTERATIONS, RENOVATIONS OR REPAIRS**
  - ❑ Project is an alteration, renovation or repair to an existing building and is exempt from the Stretch Code. Project will comply with all current IECC requirements

The following documentation has been submitted with application:

- ❑ Energy Modeling Report
- ❑ Building Envelope Specifications
- ❑ Lighting Power Density Report (required for any new lighting installation)
- ❑ Equipment, Testing, and Commissioning Schedule

I, the undersigned, certify knowledge and understanding of the energy conservation requirements as enforced by the City of Beverly, and certify that the above information is accurate to the proposed construction.

Owner's Name (1&2 Family) _____Signature_____ Date _____

Contractor's Name _____Signature _____ Date _____

If work is under design provisions of 780 CMR 107.6, Construction Control, the following is required:

Registered Design Professional (Multi -Family) _____

Reg. Des. Profs. Signature _____ Date _____