



# 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)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### 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)	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 _____
1. Building	\$ _____	
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 \_\_\_\_\_



## 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.

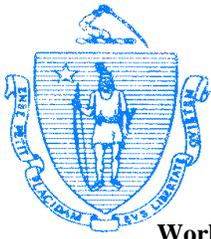
### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		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	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State	Zip
Discipline	Expiration Date		



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street, 7<sup>th</sup> 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 policies:

**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

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  Selectmen's Office

(revised Sept. 2003)

Health Department  Other \_\_\_\_\_

## 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.

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### 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.

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### 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 your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

**The Commonwealth Of Massachusetts**  
**Department of Industrial Accidents**  
Office of Investigations  
**600 Washington Street, 7<sup>th</sup> 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 MANAGEMENT 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:

<b>Runoff Coefficient:</b>	
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<b>Site Area:</b>	
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**Sequence of Major Activities( in order of occurrence)**

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

**Description of Receiving Waters**

**4. Controls—Erosion & Sediment**

**Details and Specifications on Proposed Stabilization Practices (Erosion Controls)**

**Structural Practices (Sediment Controls)**

A large, empty rectangular box with a black border, intended for detailing structural practices and sediment controls. The box is currently blank.

**Storm Water Management (Waterway/water course protection)**

A large, empty rectangular box with a black border, intended for detailing storm water management and waterway/water course protection. The box is currently blank.

**Offsite Vehicle Tracking (Construction site access)**

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**5. Materials Management Practices**

**Materials Storage, application and disposal (Pesticides/Chemicals)**

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

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**Sanitary Waste**

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**Other Materials (Washout concrete/excess pavement etc)**

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**6. Inspection**

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

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

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, Rev. October.24, 2012

Project Address: \_\_\_\_\_ Date \_\_\_\_\_

Description of Project: \_\_\_\_\_

Check all that are applicable to the proposed project:

**NEW CONSTRUCTION**

- Buildings Under 5000 ft<sup>2</sup>** - Exempt from Stretch Code Requirements, but must comply with IECC
- Buildings 5000 ft<sup>2</sup> - 100,000 ft<sup>2</sup>** (including residential buildings of 4 or more stories)
  - Performance Option (780 CMR 115AA 501.1.1) - Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
  - Prescriptive Option (780 CMR 115AA 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<sup>2</sup>** (including residential buildings of 4 or more stories)
  - Performance Option (780 CMR 115AA 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<sup>2</sup>**  
 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<sup>2</sup> \_\_\_\_\_, Special Case Building less than 40,000 ft<sup>2</sup> \_\_\_\_\_

**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 \_\_\_\_\_