



The Commonwealth of Massachusetts

Department of Public Safety
Massachusetts State Building Code (780 CMR)

Building Permit Application

to Construct, Repair, Renovate or Demolish a Building

Other than a One- or Two-Family Dwelling

Requirements for Building Permits

Permit requirements are specified in Chapter 1 of the MA State Building Code. Applicants should review the requirements to avoid common problems. The standard form below incorporates the code requirements and is provided for use by municipalities to achieve permit consistency across the State. Municipalities may use a variant of this form but it must contain at least the same information. Please contact the municipality where the work will be done for the proper form or follow the instructions below if this standard form is acceptable.

Filing Instructions

- Complete the application. The application is available in Word or PDF format so check to see what is acceptable to the local building official.
- Include construction documents, specifications, and other materials required.
- Check if the local municipality requires confirmation that property taxes, water fees, etc. are not outstanding.
- Also, check if the local building official requires construction control forms (see section 107 in the building code) with this application.
- Submit the application package with a check made payable to the municipality for the fee as determined by the municipality.



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

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____
Assessors Map # _____ Block # and/or Lot # _____

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 2)

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 Description: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA **IB** **IIA** **IIB** **IIIA** **IIIB** **IV** **VA** **VB**

SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: 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: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____
Design Occupant Load per Floor and Assembly space: _____

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 apply for and 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 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here** .

Otherwise provide [construction control forms](#) (see section 107 in the code) as required.

10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

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 _____ Email Address _____

Municipal Inspector to fill out this section upon application approval: _____ Name _____ Date _____

Appendix 1

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. 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.

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

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

Appendix 2
(For total demolition only)

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

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other (if applicable)	



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 attached 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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, 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, §25C(6) 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, MGL chapter 152, §25C(7) states "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 out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit 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. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

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. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



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:

Runoff Coefficient:	
---------------------	--

Site Area:	
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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)

A large, empty rectangular box with a thin 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 thin 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)

--

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, Rev. October.24, 2012

Project Address: _____ Date _____

Description of Project: _____

Check all that are applicable to the proposed project:

NEW CONSTRUCTION

- Buildings Under 5000 ft²** - Exempt from Stretch Code Requirements, but must comply with IECC
- Buildings 5000 ft² - 100,000 ft²** (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 ft²** (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 ft²**
 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 ft² _____, Special Case Building less than 40,000 ft² _____

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 _____