

COMMERCIAL

\$25.00 APPLICATION FEE IS NON RE-FUNDABLE & NON-TRANSFERABLE



DARTMOUTH BUILDING DEPARTMENT

400 Slocum Road, P.O. Box 79399
Dartmouth, MA 02747
Phone: 508-910-1820 Fax: 508-910-1838
www.town.dartmouth.ma.us

DATE RECEIVED _____

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A COMMERCIAL BUILDING (including 3 or more family dwellings)

THIS SECTION FOR OFFICIAL USE ONLY

RECEIVED BY: _____

BUILDING PERMIT NUMBER: _____

DATE ISSUED: _____

SIGNATURE: _____ DATE: _____

Building Commissioner/Inspector of Buildings

Zoning District: _____ Proposed Use: _____ Zone: X B A V Aquifer Zone: _____

THE FOLLOWING AGENCIES SHOULD BE NOTIFIED:

- Board of Appeals
- Board of Health
- Cons. Commission
- Demo Affidavit
- DPW Card Sent: _____
- Elec. Cut Off
- Energy Report Follow-up*
- Fire Chief
- Gas Cut Off
- Planning Board
- Sewer Card Cut Off
- Water Card Cut Off
- Zoning
- Other

*REQUIRES INSPECTOR'S REVIEW BEFORE THE ISSUANCE OF A PERMIT.

DEPARTMENTAL APPROVAL

Board of Health: Signature: _____ Date: _____

Conservation Commission: Signature: _____ Date: _____

Other: Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Brief description of work being performed: _____

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____

Nearest Cross Street: _____

Business Name: _____

Business Phone #: _____

Total Land Area Sq. Feet: _____

1.2 Assessors Map & Lot Number:
Map _____ Lot _____ - _____

1.3 Water Supply (MGL c40 s54):
 Municipal Private Well

1.4 Sewage Disposal System:
 Municipal On Site Disposal System

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner Record:

Name (print) _____

Contact Address _____ Phone Number _____

2.2 Authorized Agent:

Name (print) _____

Contact Address _____ Phone Number _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Not Applicable

License Number:

Address:

Expiration Date:

Signature:

Telephone:

SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (MGL c 152 § 25)

Worker's Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit (MGL 152 Section 25A).

Signed Affidavit Attached: Yes No

SECTION 5 - DESCRIPTION OF PROPOSED WORK (Check all applicable)

- New Construction
- Addition
- Repairs
- Accessory Building (Shed/Garage/Other)
- Other (Specify Sec. 6)
- Demolition
- Sign
- Replacement window/door
No. of Windows _____ Doors _____
- Fire Protection

SECTION 6 - PROPOSED PROJECT USE - INCLUDING THREE FAMILY OR MORE AND EXEMPT USES

The following descriptions are based on the Massachusetts State Building 8th Edition, Code Article 3, as noted. See the Code.

- Assembly - restaurant, lounge, theater, school, etc. (see Code Section 303.0)
Describe: _____
- Business - office, assembly with less than 50 occupants - indicate Medical or other professional (see Code Section 304.00)
- Education - structure for training including child day care for those over 2 year 9 months (see Code Section 305.0)
- Factory/Industrial (see Code Section 306.0)
- High Hazard (see Code Section 307.0)
- Institutional - hospital, nursing home, infant day care (see Code Section 308.0)
- Mercantile - retail stores (see Code Section 309.0)
- Residential - three or more family, hotel (see Code Section 310.0)
- Storage - including garage (see Code 311.0)
- Utility & Miscellaneous Structures - includes tents and agricultural structures (see Code Section 312.0)
- New Tenant - for any of the above, please indicate (see Code Section 105.1)
- Trailer - temporary
Purpose? _____
- Other: _____

Describe the proposal, INCLUDE number of dwelling units and bedrooms or occupant load as applicable, also existing condition (if extra space is needed, attach an additional sheet):

SECTION 7 - TYPE OF CONSTRUCTION OR WORK TO BE PERFORMED

New construction and/or Additional (total gross cubic feet proposed) - indicate _____
If the project is an addition to existing structure - total gross square feet of existing: _____

Alteration of existing, no increase in gross square feet. A separate **Refuse Disposal Declaration** is required.

Will this project be subject to CONSTRUCTION CONTROL (over 35,000 cu. ft.) Yes No

If Yes, see Code Section 107.6.2 Designer to submit Code Synopsis in additional to original plans and if existing building Chapter 34.

Demolition* - describe structure: _____

Trench Permit Required? Yes No See Trench Requirements G.L.C. 82A and 520 CMR 7.00 et seq.

Moving* - (provide copy of DPW moving license)

*Type of structure: _____ from where (map/lot or address): _____

to where (map/lot or address): _____ number of dwelling units: _____

number of bedrooms per dwelling unit: _____

Replacement doors and windows - (for existing only) (only where doors and windows exist and will not be enlarged)
EGRESS dimensions must be maintained.

Temporary structure and uses - includes, when allowed, new tenants, trailers, tents and the like and only for limited periods of time.
Describe: _____

SECTION 8 - MECHANICAL & PRIMARY FUEL

Furnace (hot air) - fuel gas (natural or propane), fuel oil, electricity, other (specify): _____

Boiler (heating) - fuel gas (natural or propane), fuel oil, electricity, other (specify): _____

HVAC (combined unit) - primary fuel, natural gas, propane, electricity, other (specify): _____

Air conditioning - (separate unit) _____ Roof Top Unit (RTU) New Replacement

None of the above to be provided _____ Mechanical Ventilation

Hot Water: Gas _____ Electric _____ Fuel Oil _____ Other _____

SECTION 9 - SPRINKLERS AND/OR FIRE PROTECTION 3 COPIES OF PLANS AND NARRATIVE REQUIRED

Required: plans provided _____ plans not provided, why? _____

Not required, not to be installed, why? _____ Narrative Submitted? Yes No

SECTION 10 - IDENTIFICATION

11.1 Architect/Engineer - for overall design

Company Name: _____

Address: _____

Phone #: _____

Certified by State of Massachusetts as: _____

Certification Number: _____

Note: Signatures and seals on all plans, affidavits & other documents SHALL BE originals and not reproductions.

11.2 Architect/Engineer - project supervision and reports

Company Name: _____

Address: _____

Phone #: _____

Certified by State of Massachusetts as: _____

Certification Number: _____

Note: Signatures and seals on all plans, affidavits & other documents SHALL BE originals and not reproductions.

11.3 General Contractor

Company Name: _____

Address: _____

Phone #: _____

Construction Supervisors License Number: _____

Note: Signatures and seals on all plans, affidavits & other documents SHALL BE originals and not reproductions.

SECTION 11 - ESTIMATED CONSTRUCTION COST

Item	Estimated Cost (\$) to be completed by permit applicant
1. Building	
2. Electrical	
3. Plumbing	
4. Mechanical (HVAC)	
5. Off-Street Parking	
6. Total = (1 + 2 + 3 + 4 + 5)	Estimated Total Cost Including Labor: \$

SECTION 12A - OWNER AUTHORIZATION

(to be completed when owner's agent or contractor applies for building permit)

(Please Print)

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 12B - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Signature of Owner/Authorized Agent

Date

SECTION 13 - OFFICE/INSPECTOR'S NOTES

Total Permit Fee: \$ _____	Less Application Fee: \$25.00 Other \$ Amount \$ _____	Remaining Balance: \$ _____
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Gross Area - New Construction total sq. ft. _____

Gross Area - Alteration total sq. ft. _____

Permit Issued to: _____

