



City of Lynn Massachusetts
Inspectional Services Department
Massachusetts State Building Code (780 CMR)

Commercial Building Permit Application

Code and Other Requirements for Building Permits

The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise, the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application that no outstanding property taxes, water fees, etc. exist.

Filing Instructions

1. Application form must be filled out completely (as applicable), signed as necessary with contact information and written clearly. (please note an incomplete application delays the permit process)
2. Description of work to be performed must be clear and brief; “see attached” is not an acceptable response.
3. You **MUST** go to the MASS.Gov website <http://www.mass.gov/eopss/consumer-prot-and-bus-lic/license-type/csl/bbrs.html> to complete Control Construction Documents.
4. Construction plans must be dimensioned, clearly drawn and of sufficient detail to determine compliance with the Massachusetts State Building Code.
5. All applications will be considered complete and reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
6. Approval as granted by the authority having jurisdiction, such as, but limited to: Conservation Commission, Zoning Board of Appeals, Planning Board and Board of Health.
7. Photo copy of Construction Supervisor’s License, Home Improvement Registration (H.I.C required for one (1) to four (4) family dwelling), Insurance affidavit including a copy of Certificate of Liability Insurance.
8. The Building Permit fee may be calculated using the information to be supplied in Section 12 of the Building Permit Application. The City of Lynn has a fee of twelve dollars (\$12.00) per thousand of the total construction cost and minimum fee of eighty dollars (\$80.00) for any jobs five thousand dollars (\$5,000.00) or less. Payment may be made to the City of Lynn by check or cash.

This page is for filing instructions only and must be removed before submitting application.



City of Lynn Massachusetts
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Commercial Building Application

*Approval
Stamp*

(This Section For Official Use Only)

Permit #: BP- _____ Project #: JS- _____ Building Official: _____

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

1.1 Property Address

Number and Street Name _____ Map _____ Block _____ Lot _____ Ward _____

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: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify 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: _____ Occupant Load per Floor: _____

Does the building contain a Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

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

Property Owner Contact Information:

Title Telephone No. Owner's Signature

If applicable, the property owner hereby authorizes

Name Street Address City/Town State Zip Code

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.	Signature	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

Street Address City/Town State Zip Code

Telephone No. (business) Telephone No. (cell) Contractor's Signature

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 7) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x \$12.00 (Insert here appropriate fee) = \$ _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Fire Protection	\$ _____	
6. Sheet Metal	\$ _____	
7. Total Cost	\$ _____	

Note: Minimum fee = \$80.00 (\$5,000.00 and under)

Enclose check payable to City of Lynn 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 Code

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LINK TO INITIAL CONTROL DOCUMENT

<http://www.mass.gov/eopss/consumer-prot-and-bus-lic/license-type/csl/bbrs.html>

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

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Workers' Compensation Affidavit link here

<http://www.mass.gov/lwd/workers-compensation/wc-pubs/forms/form-list-alphabetical/>



CITY OF LYNN MASSACHUSETTS
Inspectional Services Department
Room 401, Lynn City Hall, Lynn, MA 01901
p. 781-598-4000 ~ f. 781-477-7031
Website: www.lynnisd.com

WASTE DISPOSAL AFFIDAVIT

Name of Applicant _____

Firm Name (if applicable) _____

Address _____

Telephone Number _____

As a result of the provisions of MGL c40, §54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by the Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, § 150A. I certify that I will notify the Building Official (two months maximum), of the location of the solid waste 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.

The debris will be disposed of at the following location:

Facility City / Town _____

Facility Address _____

Type of container to transport debris (check one) Truck _____ Dumpster _____

Signature of Applicant

Date