

CONSTRUCTION CONTROL

In accordance with § 116.0 REGISTERED ARCHITECTURAL AND PROFESSIONAL ENGINEERING SERVICES- CONSTRUCTION CONTROL, 7th edition Massachusetts State Building Code 780CMR,

I _____, Registration No. _____ being a registered professional Architect / Engineer, 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

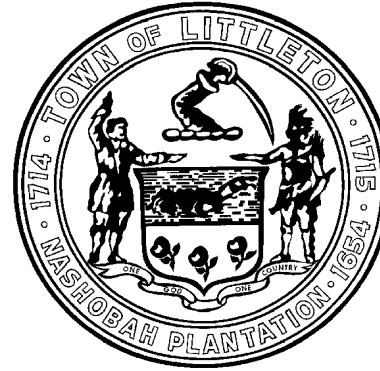
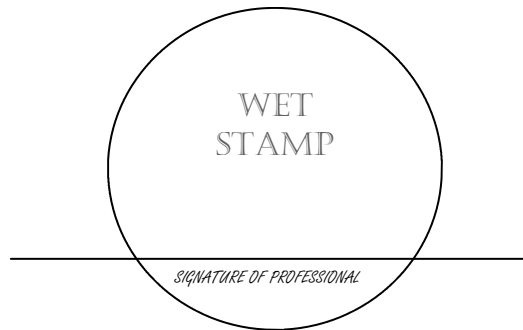
⇒ **other applicable disciplines not covered by "Entire Project" must submit separate affidavit**

To the best of my knowledge, 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 that I or designated representative be present on the construction site on a regular basis 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 § 116.2.2;

1. Review, for conformance to the design concept, shop drawings, samples and other submittals of the contractor as required by the construction documents as submitted for building permit, and approved for conformance to the design concept.
2. Review and approval of the quality control process for all code required controlled materials.
3. Provide special architectural or engineering professional inspections of critical construction components at the appropriate stage, that requires controlled materials or construction specified in the accepted engineering practice, in general to determine that the work is being performed in a manner consistent with the approved construction documents.

Upon completion of the work, I shall submit to the building Department a final report as to the satisfactory completion and readiness of the project for occupancy along with the close-out project package.

Project Representative, contact person for discipline noted above
()- - Telephone Number



TOWN OF LITTLETON

BUILDING PERMIT APPLICATION 7TH EDITION CODE
& ZONING REVIEW
COMMERCIAL STRUCTURES

DATE RECEIVED

SIGNATURE PAGE
APPROVED

Prior to submitting the application package for review, please secure the following signatures from the appropriate departments verifying that the scope of work has been reviewed by the authority having jurisdiction. *All applicable special permits, variances, plans and comments are to be attached as part of the permit application record for submittal to the Building Department.* Any omissions of information may result in delays or rejection of the permit application. In those instances where the scope of work does not require a review and signature from the departments listed below, submit the application with the department unsigned. The Tax Collector Office signature is required for all permit applications verifying paid taxes.

The required time period for which to review this application does not begin until this signature page has been satisfied.

<ul style="list-style-type: none"> • Tax Collector Office (978-952-2349) MGL Chapter 40, §57 by Town Meeting 2003 	<ul style="list-style-type: none"> • Board of Health (978-952-2313)
Tax Collector _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>	Health Agent _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Highway Department (978-486-3778) 	<ul style="list-style-type: none"> • Conservation Commission (978-486-9537)
Highway Superintendent _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>	Agent _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Fire Department (978-952-2302) 	<ul style="list-style-type: none"> • Planning Board (978-486-9733)
Fire Prevention Officer _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>	Town Planner _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Assessor Office (978-952-2309) 	<ul style="list-style-type: none"> • Board of Appeals (978-952-2313)
Assessor _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>	Administrative Assistant _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • Water Department (978-486-3104) 	<ul style="list-style-type: none"> • Call - DIG SAFE - 1-888-344-7233
Agent _____ Date _____ Attachments / Comments <input type="checkbox"/> <input type="checkbox"/>	DIG SAFE # _____ <small>To be included with separate trench permit if applicable</small>

ADDRESS _____ (No.)
 MAP _____ (Street)
 PARCEL _____
 DISTRICT _____ Office Use
 PERMIT # _____

PROPERTY OWNERSHIP / AUTHORIZED AGENT

Owner of Record

Name (Print) _____

Signature _____

Telephone _____

Address _____ ZIP _____

E-mail Address if available _____

Authorized Agent

Name (Print) _____

Signature _____

Telephone _____

Address _____ ZIP _____

E-mail Address if available _____

SITE / SCOPE OF WORK

Brief Description of Work

PROJECT INFORMATION

◆ Single Occupancy Or Non-Separated Uses (Identify only the most restrictive use)

⇒ §302.3.1 Non-Separated Uses _____ *or,*

⇒ §302.3.2 Mixed Occupancy Separated Uses (Identify all proposed uses here and on plans)

- | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-5 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-4 | <input type="checkbox"/> I-3 | <input type="checkbox"/> R-2 | <input type="checkbox"/> S-2 |
| <input type="checkbox"/> A-2 | <input type="checkbox"/> B | <input type="checkbox"/> H-1 | <input type="checkbox"/> H-5 | <input type="checkbox"/> I-4 | <input type="checkbox"/> R-3 | <input type="checkbox"/> U |
| <input type="checkbox"/> A-3 | <input type="checkbox"/> E | <input type="checkbox"/> H-2 | <input type="checkbox"/> I-1 | <input type="checkbox"/> M | <input type="checkbox"/> R-4 | |
| <input type="checkbox"/> A-4 | <input type="checkbox"/> F-1 | <input type="checkbox"/> H-3 | <input type="checkbox"/> I-2 | <input type="checkbox"/> R-1 | <input type="checkbox"/> S-1 | |

◆ Construction Type Proposed §602.0

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1A | <input type="checkbox"/> 2A | <input type="checkbox"/> 2C | <input type="checkbox"/> 3B | <input type="checkbox"/> 5A |
| <input type="checkbox"/> 1B | <input type="checkbox"/> 2B | <input type="checkbox"/> 3A | <input type="checkbox"/> 4 | <input type="checkbox"/> 5B |

◆ Fire Protection Narrative

⇒ §507 ___ YES ___ NO

◆ Unlimited Area Building

⇒ §507 ___ YES ___ NO

◆ Building Evaluation

⇒ §3402 ___ YES ___ NO

◆ Copy of Town endorsed site plan

⇒ ___ YES ___ NO

◆ Energy Conservation Mandatory Checklist

⇒ Appendix 120.P Attached ___ YES ___ NO

◆ Water Supply

⇒ Attached Water Dept. permit ___ Attached private well test ___

◆ Floodplain Information

⇒ Appendix 120.G FIRM Zone designation _____

◆ Structural Peer Review §110.11

⇒ Attached YES ___ NO ___

CONTRACTOR INFORMATION

A. (CSL)

Contractor Name _____ CSL License # _____

Address _____ Expiration Date _____

State, Zip _____ Phone # _____

B. (HIC)

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any preexisting owner-occupied building containing at least one but not more than four (4) dwelling units...or to structures which are adjacent to such residence or building" be done by a registered contractor, with certain exceptions, along with other requirements. (check only one)

- My registration number is _____ and expires on _____.
- Work proposed is excluded by law.
- Building is not owner occupied.
- Owner is acting as the General Contractor (complete "D" below)
- Other (specify) _____

C. INSURANCE

Section 25C of Chapter 152 Massachusetts General Laws requires that before a permit can be issued, evidence that the contractor is in compliance with said law by having Workers' Compensation Insurance coverage must be verified. As a person or business seeking to obtain a permit to construct buildings, you must provide acceptable proof of insurance or an Affidavit for Builders, Contractors, Plumbers, and Electricians. Copy of the affidavit form is available in the Building Department or at the following web site;

http://www.mass.gov/Elwd/docs/dia/forms/f_aff_builders.pdf

- I have attached acceptable proof of workers' compensation insurance
- I have attached a WORKERS' COMPENSATION INSURANCE AFFIDAVIT

ADDITIONAL INFORMATION

✓ Debris Disposal

As a condition of this permit application for the demolition, renovation, or other alteration of a building or structure, MGL C40, S54 requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, S150A. **Containers 6 yards or more require permit from Littleton Fire Department**

I verify that the debris will be disposed of by

_____ (name of hauler or location of facility)

✓ Existing Building

Complete this section if existing building undergoing renovation, additions, and / or Change of Use.

Existing Use Group _____	Proposed Use Group _____
Existing Hazard Index Chapter 34 _____	Proposed Hazard Index Chapter 34 _____

COST OF IMPROVEMENT

Cost of Improvement shall represent the estimated cost of the full and fair cash value of the completed project, not including land value, septic system or well.

\$ _____