

Town of Orleans

Building Permit Application

For any building other than a one or Two Family Dwelling

Section 1: Location	
_____ No. and Street	_____ Unit identification or name of building (as applicable)

Section 2: Proposed Work
Existing building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Demolition <input type="checkbox"/> Change of use <input type="checkbox"/> Change in Occupancy <input type="checkbox"/> Other <input type="checkbox"/>
Brief Description of Proposed Work:

Section 3 : Complete this section if existing building is undergoing renovation, addition , or Change in Use or Occupancy	
Check here if an Existing Building Evaluation is enclosed (see 780 CMR 3402.0) <input type="checkbox"/>	
Existing Use Group(s) _____ Existing Hazard Index _____	Proposed Use Group(s) _____ Proposed Hazard Index _____

Section 4: Building Height and Area	Existing		Proposed	
No. Floors/stories (including basement) & sq. ft. per. floor				
Total Area (sq. ft. and Total height (ft.))				

Section 5: Use Group (Check as applicable)
A: Assembly A1 <input type="checkbox"/> A2r <input type="checkbox"/> A-2nc <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> B Business <input type="checkbox"/> E Education <input type="checkbox"/> F: Factory F1 <input type="checkbox"/> F2 <input type="checkbox"/> H: High Hazard H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/> I: Institutional I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M: Mercantile <input type="checkbox"/> R: Residential R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S: Storage S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U: Utility <input type="checkbox"/> Special Use <input type="checkbox"/> and please describe below:
Building designed as: Separate buildings <input type="checkbox"/> mixed use non separated <input type="checkbox"/> mixed use separated <input type="checkbox"/>

Section 6: Construction Type (Check as applicable)				
IA <input type="checkbox"/> IB <input type="checkbox"/>	IIA <input type="checkbox"/> IIB <input type="checkbox"/>	IIIA <input type="checkbox"/> IIIB <input type="checkbox"/>	IV <input type="checkbox"/>	VA <input type="checkbox"/> VB <input type="checkbox"/>

Section 7: Site Information:
Zoning district ____ overlay district ____ flood zone ____ water supply public <input type="checkbox"/> private <input type="checkbox"/> Railroad right away NA <input type="checkbox"/> consent to build enclosed <input type="checkbox"/> Ma. Historic Com. Review reviewed <input type="checkbox"/> NA <input type="checkbox"/>

Section 8: Content of Certificate of Occupancy
Edition of Code ____ Flood Zone ____ Type of Construction ____ Sprinkler system ____ Occupant Load per floor and or space:

Section 9: Property Owner Authorization	
Property owner: _____	No. and street _____
City or town _____	State _____ zip _____
Title _____	Telephone no. ____ - ____ - _____ cell phone ____ - ____ - _____
e-mail address _____	
If applicable, the property owner hereby authorizes:	
Name : _____	No. and street _____
City or town _____	State _____ zip _____
Title _____	Telephone no. ____ - ____ - _____ cell phone ____ - ____ - _____
e-mail address _____	
To act on the property owner's behalf, in all matters relative to work authorized by this building permit application	

Section 10: Construction Control	
Cubic space within the building as described under 780 CMR 116.1 (1) _____ cu. Ft. (If less than 35,000 cu. ft. or not required to be under construction control check here <input type="checkbox"/> and skip section 10.1)	
10.1 Registered professional Responsible for Construction Control	
Name : _____	No. and street _____
City or town _____	State _____ zip _____
Title _____	Telephone no. ____ - ____ - _____ cell phone ____ - ____ - _____
e-mail address _____	
Registration Number _____	Discipline _____ Expiration date __ / __ / __
10.2 General Contractor	
Company name: _____	
Name of person Responsible for Construction _____	
Name : _____	No. and street _____
City or town _____	State _____ zip _____
Title _____	Telephone no. ____ - ____ - _____ cell phone ____ - ____ - _____
Construction supervisors license # _____ Expiration date __ / __ / __	

Sections 11 and 12		
Documents/ sign offs	Area square ft. per floor	Official Use only
Health Department _____ *	Crawl space _____	X _____ = _____
Water Department _____	Basement _____	X _____ = _____
Z.B.A. case # _____	1 st floor _____	X _____ = _____
Workers comp. affidavit MGL c. 152 <input type="checkbox"/>	2 nd floor _____	X _____ = _____
Controlled construction affidavit(s) <input type="checkbox"/>	Other floors _____	X _____ = _____
Debris disposal affidavit <input type="checkbox"/>	_____	X _____ = _____
Site plan <input type="checkbox"/>	_____	X _____ = _____
Fire protection 780 CMR 901.7.1.1 <input type="checkbox"/>	_____	X _____ = _____
Energy conservation 780 CMR 1301.8 <input type="checkbox"/>	_____	X _____ = _____
Floor plans (demo egress as applicable) <input type="checkbox"/>	Attach additional pages as	O.P. _____
Elevations <input type="checkbox"/>	necessary	Other _____
Cross section(s) & structural details <input type="checkbox"/>	Estimated Value	Total \$ _____
*required sign off	\$ _____	
For purposes of 780 CMR 111.1 this permit application is not considered to have been filed and or accepted by the Building Department until all other departments as applicable have signed off the application and returned it to the Building Department for building and zoning code review		

Section 13: Signature of Building Permit Application			
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.			
_____	_____	_____	
Print name	Title	telephone	
_____	_____	_____	
Street Address	City/Town	State	zip
_____	_____	_____	_____
Signature	Date		
_____	_____		