



City of Lowell
 Division of Development Services
 375 Merrimack Street, Room 55
 Lowell, MA 01852
 P: 978.674.4144 F: 978.446.7103

Building Permit RESIDENTIAL Projects

Fee: Calculated

Property Address (include unit #s): _____

Property Owner: _____

Owner Address (if different): _____

Owner City, State, Zip (if different): _____

Owner Phone Number: _____

Owner Email: _____

Applicant (if not Owner): _____

Applicant Phone No: _____

| |
|----------------------|
| FOR OFFICE USE ONLY |
| Application #: _____ |
| Fee: \$ _____ |
| Check #: _____ |
| Permit #: _____ |

Applicant Email: _____

Want instant email notification of when permit is issued and inspections completed? Don't forget to give us your email!

| | | | |
|--|---|--|--|
| Category of Work (Check all that apply): | | <input type="checkbox"/> NEW Single Family | <input type="checkbox"/> NEW Duplex/2 Family |
| <input type="checkbox"/> NEW Multi Family (3+) No of Units: | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> NEW Addition | <input type="checkbox"/> NEW Condo/Townhouse |
| <input type="checkbox"/> NEW Garage Attached | <input type="checkbox"/> NEW Garage Detached | <input type="checkbox"/> Remodel: Alteration | <input type="checkbox"/> Remodel: Conversion |
| <input type="checkbox"/> Renovation Due to Fire | <input type="checkbox"/> Repair | <input type="checkbox"/> Interior Demolition | <input type="checkbox"/> Demolition of Structure |
| <input type="checkbox"/> Retaining Wall 4'+ | <input type="checkbox"/> Siding | <input type="checkbox"/> Strip/Reroof | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Woodstove | <input type="checkbox"/> In Ground Pool | <input type="checkbox"/> Above Ground Pool No Deck | <input type="checkbox"/> Above Ground Pool w/Deck |
| <input type="checkbox"/> Deck/Porch Using Existing Foundation (Describe Below) | <input type="checkbox"/> Deck/Porch w/ Foundation | <input type="checkbox"/> Sunroom | <input type="checkbox"/> Tent Occupancy: |
| <input type="checkbox"/> Replacement Windows # of Windows: | <input type="checkbox"/> Handicap Ramp | <input type="checkbox"/> Blow-In Insulation | <input type="checkbox"/> Certificate of Occupancy Only |

Has construction started yet? Yes No

Description of Work (include location of work relative to structure): _____

Estimated Project Costs (Labor & Materials):

| | |
|---------------------------------------|-----------|
| 1. Building Project Cost | \$ |
| 2. Electrical | \$ |
| 3. Plumbing & Gas | \$ |
| 4. Mechanical (HVAC) | \$ |
| 5. Fire Suppression | \$ |
| Total Project Cost (1+2+3+4+5) | \$ |

Building Permit Fees are calculated based on Total Building Project Cost. Separate permits are required for Electrical, Plumbing, Gas, Mechanical and Fire Suppression.



In accordance with 780 CMR 109.3, applications will be rejected for underestimated value of work.

Licensed Construction Supervisor: _____

Address: _____

Email: _____ **Phone No:** _____

License No: _____ **Expiration:** ____ / ____ / ____

Get instant email notification when your permit is issue and inspections completed. Don't forget to give us your email.

License Type (Check One)

| | | | |
|--|--|--|--|
| <input type="checkbox"/> U Unrestricted | <input type="checkbox"/> M Masonry Only | <input type="checkbox"/> WS Res Windows & Siding | <input type="checkbox"/> D Res Demo |
| <input type="checkbox"/> R Restricted (1&2 Family) | <input type="checkbox"/> RC Res Roofing | <input type="checkbox"/> SF Res Solid Fuel Burning Appliance Installation | |

Registered Home Improvement Contractor: _____

Address: _____

Email: _____ **Phone No:** _____

Registration No: _____ **Expiration:** ____ / ____ / ____

Dig Safe Ticket Number (Required for foundation and ground work only): _____

Name of Solid Waste Disposal Contractor for Construction Material: _____

Address: _____

Demolition and/or Construction Debris May Not Be Put Curbside for Municipal Trash Pick Up

As a result of the provisions of MGL c40s54, I acknowledge that as a condition of the building permit, all debris resulting from the construction activity governed by this building permit must be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111s150A.

Workers Compensation Insurance Affidavit

In accordance with MGL c152s25C(6) a Workers Compensation Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in denial of the building permit.

Taxes and Financial Obligations

In accordance with City of Lowell policy, all taxes, fees, fines and financial obligations must be current before a building permit will be issued.

Arbitration Program & Guaranty Fund

Any homeowner who obtains a building permit to do his/her work or hires a contractor not registered with the Massachusetts' Home Improvement Contractor (HIC) Program, will NOT have access to the Arbitration Program or Guaranty Fund under MGL c142A. For more information about the HIC Program and the Construction Supervisor Licensing (CSL) Program see State of Massachusetts 780 CMR Regulations 110.R5 and 110.R6.

Applicant's/Owner's Responsibility to Have Work Inspected

Failure to obtain proper permits or to have the work inspected and signed off on can result in loss of homeowner's insurance, impact the sale or transfer of the property, result in the suspension or revocation of contractor's state licenses and subject the owner or contractor to fines of up to \$1,000.

Occupancy Restrictions

I understand and agree that no more than 3 unrelated persons may occupy a single unit.

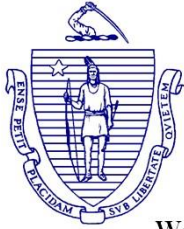
Owner's or Owner's Agent Declaration

As Owner/Owner's Agent, I hereby declare, under the pains and penalties of perjury that the statements and information provided herein are true and accurate, to the best of my knowledge and behalf, and that I understand the requirements, regulations and laws applicable to the work described herein.

Owner's/Owner's Agent's Signature

Date

Print Name



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-
- 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.

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 #: _____



**SOLID WASTE DISPOSAL FORM
ASBESTOS ABATEMENT INFORMATION AFFIDAVIT
LEAD PAINT ABATEMENT INFORMATION AFFIDAVIT**

As a condition of issuing a permit for the construction, demolition, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54, requires that the debris resulting therefrom shall be disposed in a properly licensed solid waste facility as defined by M.G.L. c. 111, § 150A and 310 CMR 7.15 and 310 CMR 30.00 when applicable.

I hereby acknowledge that the reference building permit issued to construct, demolish, renovate, rehabilitate or alter a building structure is conditioned on compliance with M.G.L. c. 40, § 54.

Building Permit Number (to be completed by office staff)

Construction Site Address

Name and Location of Solid Waste Disposal Facility

Signature of Permit Applicant

Date

**ASBESTOS ABATEMENT INFORMATION AFFIDAVIT
LEAD PAINT ABATEMENT INFORMATION AFFIDAVIT**

For all work to be permitted and controlled by 310 CMR 7.15, 189A AND 199B in any structure.

As owner of a property I am claiming the owner exemption as controlled by 310 CMR 7.15. Any non-friable Asbestos Abatement and Lead Abatement work not performed by the property owner shall require notification to the Health Department prior to any asbestos abatement and lead abatement work being performed.

Signature of Owner

Date



City of Lowell
Division of Development Services
375 Merrimack Street, Room 55
Lowell, MA 01852
P: 978.674.4144 F: 978.446.7103

Construction License Exemption for Homeowner(s)

(Please Print)

Date: _____

Job Location: _____

"Homeowner": _____

Present Mailing Address:

(Number and Street Name)

(City/Town)

(State)

(Zip Code)

Any homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR; (Commonwealth of Massachusetts State Building Code) provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as a supervisor. This exemption shall not apply to the field erection of a manufactured building. For the purposes of the exemption a **"homeowner"** is defined as follows: **Person(s) who owns a parcel of land on which he/she resides or intends to reside on which there is, or is intended to be, a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures.** A person constructs more than one home in a two-year period shall not be considered a homeowner.

"OWNERS PULLING THEIR PERMIT OR HAVING WORK PERFORMED BY UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGLc 142A"

****By signing below the applicant currently resides or intends to reside in the residence.****

Homeowner's Signature: _____

Note: All structures 35,000 cubic feet or larger, will be required to comply with the State Building Code Construction Control Regulations.

Residential Stretch Code Permit Application Checklist: Energy Rating Index Path



This checklist is applicable to residential new construction, changes of occupancy to dwelling units, additions greater than 1,000 sqft or 100% of the existing conditioned floor area, and alterations where the work area exceeds 50% of the area of the dwelling unit and is greater than 1,000 sqft or 100% of the existing conditioned floor area.

PROJECT INFORMATION.....

Applicant Name: _____ Applicant Phone: _____

Project Address: _____ Date: _____

Project type:

- New construction Large Addition Extensive Alteration Changes of Occupancy or Use

DOCUMENTATION

- A **Home Energy Rating Certificate - Projected Report - Based on Plans** has been provided.

INFORMATION ON CONSTRUCTION DOCUMENTS (R103.2)

- A note indicating the energy code compliance path is the Energy Rating Index Path
- Insulation materials, depth, and R-values
- Fenestration U-factors and solar heat gain coefficients (SHGC)
- Mechanical system design criteria (Manual J, Manual D, and Manual S reports)
- Mechanical and service water heating systems and equipment types, sizes, and efficiencies
- Equipment and system controls
- Duct sealing, duct and pipe insulation and location
- Air sealing details

SOLAR-READY

- Solar-Ready Zone per Appendix RB is indicated in construction documents on page # _____, or an exception is selected below with applicable documentation provided.

Exceptions - Check one if applicable:

- Additions under 1,000 sqft
- 1- & 2-family dwellings & townhouses with < 600 sqft of roof area oriented between 110 & 270 of true north
- Buildings with a permanently installed onsite renewable energy system
- Buildings with a solar-ready zone that is shaded for more than 70 percent of daylight hours annually
- Buildings and dwelling units complying with Appendix RC Sections RC102 or RC105

ELECTRIC VEHICLE WIRING

- For one- and two-family dwellings and townhouses with on-site parking at least one EV Ready Space is shown. For Group R buildings: At least 20% of installed spaces are shown as EV Ready. Exception: onsite parking is not provided, or parking is separated from the dwelling by a public right of way.
- Electrical site plan shows wiring from the electrical service to within six feet of each EV Ready Space

CLEAN ENERGY APPLICATION (for determining maximum HERS Index requirement)

Fuel type:

- Mixed-fuel building (contains combustion equipment or piping for such equipment)
- All-electric building (does not contain combustion equipment or piping for such equipment)

Solar electric generation

Do the construction documents include provisions for onsite electricity generation rated at 4 kW or higher?

- Yes
- No

Based on the boxes checked above, check the appropriate maximum HERS Index below:

| Clean Energy Application | Maximum HERS Index Score | | |
|--|--------------------------------------|---|--|
| | New Construction until June 30, 2024 | New Construction Permits after July 1, 2024 | Major Alterations, Additions, or Change of Use |
| Mixed-Fuel Building | <input type="checkbox"/> 52 | <input type="checkbox"/> 42 | <input type="checkbox"/> 52 |
| Solar Electric Generation | <input type="checkbox"/> 55 | <input type="checkbox"/> 42 | <input type="checkbox"/> 55 |
| All-Electric Building | <input type="checkbox"/> 55 | <input type="checkbox"/> 45 | <input type="checkbox"/> 55 |
| Solar Electric & All-Electric Building | <input type="checkbox"/> 58 | <input type="checkbox"/> 45 | <input type="checkbox"/> 58 |

MANDATORY REQUIREMENTS

Check with AHJ to determine if the following items will be verified by the code official or by the HERS Rater.

Mandatory Requirements per Table R406.2

General

R401.3 Certificate in utility room or approved location to be installed

Building Thermal Envelope

- R402.1.1 Vapor retarders installed per MA Residential Code R702.7
- R402.2.3 Eave baffles to be installed in each bay
- R402.2.4.1 Access hatches and doors to have retainer for loose-fill insulation
- R402.2.10.1 Crawl space wall insulation installation installed per MA Residential Code
- R402.4.1.1 Installation - Air barrier and insulation installation details shown on plans
- R402.4.1.2 Testing - Blower door test to be performed. Max 5 ACH50.

Mechanical

- R403.1
 - Controls - At least one thermostat per heating and cooling system
 - Programmable thermostat is specified
 - Heat pump supplementary heat does not operate when not needed
- R403.3
 - Ducts (except R403.3.2, R403.3.3, and R403.3.6)
 - Ducts outside conditioned space \geq R-8 (\geq R-6 if duct is < 3" diameter)
 - Ducts to be sealed and airtight air handler is specified
 - Duct leakage testing to be conducted
 - No building cavities to be used as ducts
- R403.4 Mechanical system piping insulation - Piping > 105F or < 55F to be insulated to R-3
- R403.5.1 Heated water circulation and temp. maintenance systems have proper controls
- R403.5.3 Drain water heat recovery units (only if present)
- R403.6.1 Heat or energy recovery ventilation (HRV/ERV) - HRV/ERV is specified
- R403.7 Equipment sizing and efficiency rating - Manual J report provided.
- R403.8 System serving multiple dwelling units - Comply with C403 and C404 (commercial)
- R403.9 Snow and ice melt systems - Controls specified
- R403.10 Energy consumption of pools and spas - Heater controls, pool covers
- R403.11 Portable spas meet APSP 14
- R403.12 Residential pools and permanent residential spas meet APSP 15

Electrical Power and Lighting Systems

- R404.1 Lighting equipment - All permanently installed lighting to be LED (except kitchen appliance lights)
- R404.2 Interior lighting controls - Dimmers or occupant sensors specified
- R404.4 Wiring for electric vehicle charging spaces

ENERGY CODE SUPPORT HOTLINE: 855-757-9717 EMAIL: ENERGYCODESMA@PSDCONSULTING.COM

WE ARE MASS SAVE®:

