



**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 COMMERCIAL/INDUSTRIAL

**Fee: Calculated**

**Property Address (include Unit #s):** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Owner Phone No:** \_\_\_\_\_

**Owner Email:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

FOR OFFICE USE ONLY

Application #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

*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 Building Use:	<input type="checkbox"/> NEW Addition	<input type="checkbox"/> NEW Foundation	<input type="checkbox"/> NEW Garage Detached
<input type="checkbox"/> NEW Garage Attached	<input type="checkbox"/> Tenant Fit-Up	<input type="checkbox"/> Interior Demolition	<input type="checkbox"/> Demolition of Structure
<input type="checkbox"/> Retaining Wall 4'+	<input type="checkbox"/> Remodel: Conversion Use:	<input type="checkbox"/> Renovation Due to Fire	<input type="checkbox"/> Repair
<input type="checkbox"/> Remodel: Alteration Use:	<input type="checkbox"/> Change of Use, New Use:	<input type="checkbox"/> Maintain Use Existing Use:	<input type="checkbox"/> Tent Occupancy:
<input type="checkbox"/> Handicap Ramp	<input type="checkbox"/> Sign	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Blow-In Insulation

**If remodel, alteration, or renovation, Level of Work (Chpt 4):**     Level 1     Level 2     Level 3

**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	\$
<b>Total Project Cost (1+2+3+4+5)</b>	<b>\$</b>



Building Permit Fees are calculated based on 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.

FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Licensed Construction Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

License No: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**License Type (Check One)**

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

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FOR PROJECTS 35,000 CUBIC FEET OF ENCLOSED SPACE

Registered Architect: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Registration No: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registered Professional Engineers: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

Registration No: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Name of Solid Waste Disposal Contractor for Construction Material: \_\_\_\_\_

Address: \_\_\_\_\_

	Existing (As Applicable)	Proposed
Number of Floors (including basement)		
Area Per Floor (sqft)		
Total Area (sqft)		
Total Height (ft)		

Structural Peer Review Required  Yes  No

**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.

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**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.

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**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.

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**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.

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**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.

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**Occupancy Restrictions**

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

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**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.

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Owner's/Owner's Agent's Signature

Date

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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. 152, §(4A).

**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 #: \_\_\_\_\_



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## City of Lowell Building Department

### **SOLID WASTE DISPOSAL FORM ASBESTOS 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 there from shall be disposed in a properly licensed solid waste facility as defined by M.G.L. c. 111, § 150A and 310 CMR 7.15 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**

For all work to be permitted and controlled by 310 CMR 7.15 in an owner-occupied, single family residence.

As owner of an owner-occupied, single residence I am claiming the owner exemption as controlled by 310 CMR 7.15. Any non-friable Asbestos Abatement work not performed by the single family owner shall require notification to the Health Department prior to any asbestos abatement work being performed.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date