



**City of Cambridge
Inspectional Services Department**

831 Massachusetts Avenue
Cambridge, Massachusetts 02139

Ranjit Singanayagam
Commissioner

(617)349-6100 FAX (617)349-6132 TTY (617) 349-6112

**The Undersigned hereby applies for a Permit to Build, Alter, or Repair ANY BUILDING
(other than a 1 or 2 Family Dwelling) in accordance with the Massachusetts State Building Code 780 CMR.
Application must be filled out COMPLETELY in ink.**

Building Address _____
 Building Owner _____ Phone# _____
 Owner Address _____

TYPE OF WORK:
 New ___ Addition ___ Alteration ___ Repair ___ Roof ___ Change of Use ___ Other _____

ZONING INFORMATION (as defined in Article 4.30 of the Zoning Ordinance):
 Current Use _____ Proposed Use _____ Zone _____ Map/Lot _____
 Has the structure been vacant/not used for 2 years? Yes ___ No ___
 For Residential Use: # dwelling Units existing _____ # dwelling units proposed _____

Will the proposed work affect or change ANY part of the building exterior? Yes ___ No ___
 If Yes, the following section must be completed (refer to Article 5.0 and 6.0 of the Zoning Ordinance):

Lot Size : Width	Depth	Total Area		
		Required	Existing	Proposed
Front Setback	_____	_____	_____	_____
Side Setback	_____	_____	_____	_____
Rear Setback	_____	_____	_____	_____
Bldg Height	_____	_____	_____	_____
Floor Area Ratio	_____	_____	_____	_____
Useable Open Space	_____	_____	_____	_____
Parking Spaces	_____	_____	_____	_____

Certified Plot Plan: For new structures and additions, a certified plot plan is required to be submitted for approval after the foundation is poured and before further work commences.

DESCRIPTION OF WORK:

ESTIMATED COST OF CONSTRUCTION:

Building _____	HVAC _____
Electric _____	Sprinklers _____
Plumbing _____	Fire Detection _____
Gas Fitting _____	Fire Extinguishing _____

Total Estimated Cost of Construction _____

Total Construction costs include all work done concurrently with the work contemplated by the Building Permit including demolition, plumbing, heating, electrical, air conditioning, painting, wall to wall carpeting, landscaping, site improvements, etc. Furnishings and portable equipment are not part of the total construction cost. A final cost affidavit by the owner will be required at construction completion for all projects over \$100,000.

CONSTRUCTION SERVICES

Is the project under provisions of Construction Control as proscribed in Sec 116, MSBC? Yes ____ No ____

Note : **ANY** work or projects apply in **BUILDINGS** over 35,000 cu. ft. enclosed space.

Architect (Construction Control Sec 116, MSBC)

Name _____ Phone # _____

Firm _____ Cell Phone# _____

Address _____

MA Registration Number _____ Email Address: _____

Note: 2 sets of sealed construction documents, plus 1 set in digital format , required to be submitted for review.

Structural Engineer of Record (SER) (Section 1705, MSBC)

Name _____ Phone # _____

Firm _____ Cell Phone# _____

Address _____

MA Registration Number _____ Email Address: _____

Note : Attach required SER Test and Inspection Plan with application (Sec 1705.3.1, MSBC)

Structural Peer Review (780 CMR 110.11)

Is Independent Structural Engineering Peer Review required Yes ____ No ____

If Yes, review must be submitted with application. Peer Review is required for buildings of 5 stories or more, buildings over 400,000 cu. ft. of enclosed space, or Assembly Uses of 300 capacity or more.

EXISTING BUILDING INFORMATION (Required - MSBC Sec 3402)

	EXISTING	PROPOSED
Use Group	_____	_____
Construction Type	_____	_____
Number of Floors	_____	_____
Floor Area (per floor)	_____	_____
Total Floor Area	_____	_____
Total Height	_____	_____

Provide a brief description of the building : _____

Provide a brief description of the effects of the proposed work on the structural, egress, fire protection, energy conservation, light, and ventilation systems of the space or building under consideration:

Fire Protection

Will the proposed work require **any** changes to an existing Fire Protection System? Yes ____ No ____

If Yes, a Fire Protection Narrative Report, with supporting documentation, and/or an Existing Building Fire Protection Impairment Plan may be required to be submitted with Permit Application.

Energy Conservation

Is compliance with the Energy Conservation requirements of the MSBC required in **any** part of the work?

Yes ____ No ____

If Yes, an Energy Conservation Narrative Report must be submitted with Application.

Will the proposed work result in **any** change in interior lighting? Yes ____ No ____

If Yes, a Lighting Allowance Report must be submitted with Application

Noise Ordinance Affidavit

The undersigned as the Architect/Construction Supervisor for this proposed construction, do hereby certify knowledge of Chap 8.16 of the Cambridge Municipal Code concerning noise control.

I certify that necessary actions will be taken concerning the design, specification of, and location of noise producing equipment: e.g., transformers, air handling units, etc., to insure that this project will not result in noise levels that exceed that allowed by the Municipal Code.

Name _____ Title _____

Signature _____ Registration/License # _____

Read Before Signing: The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this application to the best of his/her ability.

Hold Harmless Clause: The Permittee(s) by acceptance of this permit agree(s) to indemnify and hold harmless the City of Cambridge, and its employees, from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City of Cambridge, and its employees, are to assume the defense of the City of Cambridge, and its employees, against all claims, demands and actions.

Licensed Construction Supervisor

Name _____ Phone # _____

Address _____ Cell Phone # _____

License Number _____ Expiration Date _____ Class _____

Signature _____ Date _____

Email Address _____

Registered Home Improvement Contractor (required for 3 or 4 family owner-occupied dwellings)

Name _____ Phone # _____

Address _____ Cell Phone # _____

Registration Number _____ Expiration Date _____

Signature _____ Date _____

Building Owner of Record (application must be signed by OWNER of Building)

Name _____ Phone # _____

Address _____

Signature _____ Date _____

Email Address _____

PERMIT NO.

FEE

MASSACHUSETTS GENERAL LAW REQUIREMENTS

Workers Compensation Insurance Affidavit (MGL c. 152 §25C96)

A Certificate of Insurance or a completed Workers Compensation Insurance Affidavit must be submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building Permit.

Signed Affidavit Attached Yes ___ No ___

Construction Debris Affidavit (MGL c 40 §54)

As result of the provisions of MGL c 40 §54, I acknowledge that as a condition of the Building Permit, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed waste disposal facility, as defined by MGL c 111 §150A.

The debris will be disposed at/by _____

Type of container for Transportation _____

Signature _____ Date _____

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, and I shall submit he appropriate form for attachment to the Building Permit

Signature _____ Date _____

OFFICIAL USE ONLY

Department Approvals

BZA _____	Date _____	Electrical _____	Date _____
Planning Board _____	Date _____	Plumbing _____	Date _____
Historic _____	Date _____	D.P.W. _____	Date _____
Fire Dept. _____	Date _____	Parking _____	Date _____

Application Approval

(Subject to the provisions of the Massachusetts State Building Code 780 CMR and the Zoning Laws of the City of Cambridge.)

Application and Plans Accepted By: _____ Bin _____ Date _____

Zoning Approved By: _____ Date _____

Plan Review Approved By: _____ Date _____ AAB Review by: _____ Date _____

Permit Approved/Granted By: _____ Date _____

Inspection Record

Final Inspection Made

Date _____ By: _____

Certified Foundation Plan submitted: Yes ___ No ___ Certificate of Occupancy issued: Yes ___ No ___

Final Cost Affidavit: Yes ___ No ___ General Contractor Final Affidavit: Yes ___ No ___

Architect Final Affidavit: Yes ___ No ___ Structural Engineer Final Affidavit: Yes ___ No ___

Final as-built drawings submitted in digital format? Yes ___ No ___