



**TOWN OF TEWKSBURY
OFFICE OF BUILDING COMMISSIONER**

**CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A
ONE OR TWO FAMILY DWELLING**

PERMIT #:

DATE RCVD:

DATE ISSUED:

MAP #:		LOT/UNIT #:			
ADDRESS:					
PROPERTY OWNER:				PHONE #:	
PROPERTY OWNER ADDRESS: (If Different From Above)			TENANT NAME:		
PROPERTY DIMENSIONS					
LOT AREA (SF):		FRONTAGE (FT):		ZONING DISTRICT:	PROPOSED USE:
BUILDING SETBACKS (ft):					
Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
Circle One for Each: SEWER OR SEPTIC			MUNICIPAL WATER OR WELL		
Flood Zone Information:		Zone:		Outside Flood Zone <input type="checkbox"/>	
CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE					
CONTRACTOR COMPANY NAME:					
LICENSED CONTRACTOR NAME:					
STREET ADDRESS:				PHONE #:	
TOWN/STATE/ZIP:				PHONE #:	
CSL #:				EXP. DATE:	
HIC #:				EXP. DATE:	
Workers Compensation Insurance Affidavit (M.G.L. c. 152 § 25C(6)) – Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit may result in the denial of the issuance of the building permit. Signed Affidavit Attached? Yes... <input type="checkbox"/> No... <input type="checkbox"/>					
PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES – FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)					
REGISTERED ARCHITECT:				Not Applicable <input type="checkbox"/>	
Name (Registrant):			Registration #:		
Address:			Expiration Date:		
Signature:			Telephone #:		
REGISTERED PROFESSIONAL ENGINEER(S):				Not Applicable <input type="checkbox"/>	
Name:			Registration #		
Address:			Expiration Date:		
Signature:			Area of Responsibility:		
Telephone #:					



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Name:	Registration #
Address:	Expiration Date:
Signature: Telephone #:	Area of Responsibility:
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Address:	Expiration Date:
Signature: Telephone #:	Area of Responsibility:
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DESCRIPTION OF PROPOSED WORK (Check all applicable):

New Construction Existing Building Repair(s) Alteration(s) Addition
 Accessory Building Demolition Other (Specify)

BRIEF DESCRIPTION OF WORK:

USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as Applicable)				CONSTRUCTION TYPE	
A	Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/> A-4 <input type="checkbox"/>	A-2 <input type="checkbox"/> A-5 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/> 1B <input type="checkbox"/>
B	Business <input type="checkbox"/>				2A <input type="checkbox"/>
E	Educational <input type="checkbox"/>				2B <input type="checkbox"/>
F	Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C <input type="checkbox"/>
H	High Hazard <input type="checkbox"/>				3A <input type="checkbox"/>
I	Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B <input type="checkbox"/>
M	Mercantile <input type="checkbox"/>				4 <input type="checkbox"/>
R	Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A <input type="checkbox"/>
S	Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B <input type="checkbox"/>
U	Utility <input type="checkbox"/>	Specify:			
M	Mixed Use <input type="checkbox"/>	Specify:			
S	Special Use <input type="checkbox"/>	Specify:			

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index (780 CMR 34): _____	Proposed Hazard Index (780 CMR 34): _____



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BUILDING HEIGHT AND AREA		
BUILDING AREA	EXISTING (IF APPLICABLE)	PROPOSED
Number of Floors or stories including basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		
STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Peer Review Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT		
I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf on all matters relative to work authorized by this building permit application.		
Signature of Owner _____		Date _____
I, _____, as Owner/Authorized Agent hereby declare, that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.		
Print Name _____		
Signature of Owner/Agent _____		Date _____
Project Cost \$:		
▼ FOR OFFICE USE ONLY ▼		
INSPECTORS COMMENTS:		
		Inspectors Signature:
FEE \$:	Inspectors Evaluation:	CHECK # OR CASH:

BUILDING DEPARTMENT

The following is a list of the required forms to be filled out for the appropriate permit to be obtained.

NEW CONSTRUCTION (COMMERCIAL)

- Completed Building Permit Application
- Certified Plot Plan/Recorded Special Permit
- Copy of Contractor Supervisor License (CSL)
- Workers Comp Affidavit and General Liability Insurance
- 3 Sets of Building Plans (Must be Stamped by the Fire Department) including any engineer calculations
- Copy of Contract
- Trash Disposal Form
- Commercial Energy Code Review
- Control Construction Affidavit (Architect/Engineers)
- Town Department Sign Offs – Assessors, Water, Sewer or Health, Community Dev., Conservation
- Electric, Plumbing and Gas

COMMERCIAL ADDITIONS/TENANT FITUPS

- Completed Building Permit Application
- Certified Plot Plan/Recorded Special Permit (If Needed)
- Copy of Contractor Supervisor License (CSL)
- Workers Comp Affidavit and General Liability Insurance
- 3 Sets of Building Plans (Must be Stamped by the Fire Department) including any engineer calculations
- Copy of Contract
- Trash Disposal Form
- Commercial Energy Code Review
- Control Construction Affidavit (If Needed)
- Town Department Sign Offs – Sewer or Health, Community Dev., Conservation
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