



HONORABLE MAYOR  
DANIEL RIVERA

**CITY OF LAWRENCE  
INSPECTORIAL SERVICES  
DEPARTMENT**  
200 COMMON STREET, LAWRENCE,  
MASSACHUSETTS 01840  
Telephone: (978) 620-3130

This Section For Official Use Only

Building Permit No: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/Inspector of Buildings  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved: Yes  No

**APPLICATION TO CONSTRUCT, REPAIR, RENOVATE CHANGE THE USE OR OCCUPANCY OF, OR  
DEMOLISH OTHER THAN 1 OR 2 FAMILY DWELLING**

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

CITY ORDINANCES SECTION 25-10 COMPLIANCE SIGN OFF LIST (All payments required before issuance of permits or licenses)

**PROPERTY AND OWNERS INFORMATION**

Property Location: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Local Historical District – Applicable  Not applicable   
Building more than 75 years old - Applicable  Not applicable   
Historical Commissioner Signature: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved: Yes  No

**DEPARTMENTS SIGN OFF'S**

Tax Collector /(Taxes)	Water Dept. /(Water/Sewer)	Inspectional Services /(Trash Tickets)
Stamp	Stamp	Stamp
Signature ____ / ____ / ____ Date	Signature ____ / ____ / ____ Date	Signature ____ / ____ / ____ Date

Note: All sign off's must include Department Stamp, Signatures and date. No photocopies will be accepted. This sign off list must be attaches to all permits or licenses application.

**DEPARTMENTS SIGN OFF'S FOR NEW CONSTRUCTION**

1- License Commissioner _____ Date: ____ / ____ / ____	8- Health Department _____ Date: ____ / ____ / ____
2- Fire Department _____ Date: ____ / ____ / ____	9- Tax Department _____ Date: ____ / ____ / ____
3- Electrical Inspector _____ Date: ____ / ____ / ____	10- Plumbing and Gas Insp. _____ Date: ____ / ____ / ____
4- Planning Board _____ Date: ____ / ____ / ____	11- City Engineer _____ Date: ____ / ____ / ____
5- Design Review Board _____ Date: ____ / ____ / ____	12- Water Department _____ Date: ____ / ____ / ____
6- Conservation Board _____ Date: ____ / ____ / ____	13- DPW (Director) _____ Date: ____ / ____ / ____

**PERMIT GRANTED**

Application No: \_\_\_\_\_ Approved  Denied   
DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Official's Name: \_\_\_\_\_  
Official's Signature: \_\_\_\_\_  
Date of Approval/Denial: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**SECTION 1 - SITE INFORMATION**

1.1 Property Address: No: \_\_\_\_\_ Street: \_\_\_\_\_

1.5 Assessors Map & Parcel Number

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.6 Property Dimension

Lot Area (sf) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

It is a corner or Interior lot? \_\_\_\_\_

Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

1.2 Zoning Information:

Zoning District \_\_\_\_\_ Property Use \_\_\_\_\_

1.3 Number of Buildings on lot? \_\_\_\_\_ Lot Width: \_\_\_\_\_ Lot Length: \_\_\_\_\_

1.4 Is property located in a local Historic District? (See List) \_\_\_\_\_

1.6 Building Setbacks (ft)

Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.7 Water Supply (M.G.L.c.40 & 54)

Public  Proved

1.8 Flood Zone Information:

Zone  Outside Flood Zone

1.9 Disposal System:

Municipal  On site disposal System

**SECTION 2 - PROPERTY OWNER OR AUTHORIZED AGENT**

2.1 Owner Of Record:

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

2.2 Authorized Agent:

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

**SECTION 3 - BUILDING INFORMATION**

3.1 Structure Size: \_\_\_\_\_ x \_\_\_\_\_ Total sq. ft. \_\_\_\_\_

3.8 Garage: \_\_\_\_\_ Attached  Detached  Under

3.2 Structure Height: \_\_\_\_\_ No. Of Stories \_\_\_\_\_

3.9 Insulation Type: \_\_\_\_\_ R- Value: Wall \_\_\_\_\_

3.3 Structure Erected on solid Land  Filled Land  \_\_\_\_\_

R-Value: Attic \_\_\_\_\_ R- Value: Foundation \_\_\_\_\_

3.4 Footing: Material \_\_\_\_\_ Thickness \_\_\_\_\_ Width \_\_\_\_\_

3.10 Type of Heat \_\_\_\_\_ Fuel Or Power Type \_\_\_\_\_

3.5 Foundation: Material \_\_\_\_\_

3.11 Will there be new Plumbing? \_\_\_\_\_ Elec. \_\_\_\_\_ Gas \_\_\_\_\_

Thickness \_\_\_\_\_ Width \_\_\_\_\_

3.12 Is the structure Sprinkled? \_\_\_\_\_

3.6 Number of Egresses: \_\_\_\_\_

3.13 Type of Alarm System \_\_\_\_\_

3.7 Location of Egresses: \_\_\_\_\_

3.14 Will the roof be flat, pitched, mansard or gambrel? \_\_\_\_\_

3.8 Location of Egresses: \_\_\_\_\_

3.15 No. Of Available Parking Spaces \_\_\_\_\_ Location \_\_\_\_\_

**SECTION 4 - CONSTRUCTION SERVICES**

4.1 Licensed Construction Supervisor - Phone# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4.3 Architects/Engineers - Phone # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

4.1 Home Improvement Contractor - Phone# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5.1 Estimated Cost: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_

5.2 Signature of Owner or Authorized Agent: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Application will be subject to (Chapter 34) 780 CMR for processing Permit Application. Applicable  Not Applicable

Note: in existing buildings all repair, alterations, addition, and changes of use shall conform to the requirement of 780 CMR 34

REMARKS \_\_\_\_\_



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**SECTION 6 - DESCRIPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)**

6.1 New Construction <input type="checkbox"/>	6.2 Existing Building <input type="checkbox"/>	6.3 Repairs <input type="checkbox"/>	6.4 Alteration <input type="checkbox"/>	6.5 Addition <input type="checkbox"/>
6.6 Accessory Bldg <input type="checkbox"/>	6.7 Demolition <input type="checkbox"/>	6.8 Other <input type="checkbox"/>	Specify _____	

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 7 - USE GROUP AND CONSTRUCTION TYPE**

	Use Group (Check as Applicable)				Construction Type
	A. Assembly	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	
B. Business		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1A <input type="checkbox"/> 1B <input type="checkbox"/>
E. Education					2A <input type="checkbox"/> 2B <input type="checkbox"/>
F. Factory		F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	2C <input type="checkbox"/>
H. High School					3A <input type="checkbox"/> 3B <input type="checkbox"/>
I. Instruments		I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>		4 <input type="checkbox"/>
M. Mercantile					5A <input type="checkbox"/> 5B <input type="checkbox"/>
R. Residential		R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	
S. Storage		S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>	R-4 <input type="checkbox"/>	
U. Utility		Specify			
M. Mixed Use		Specify			
S. Special Use		Specify			
		Specify			

**SECTION 8 - COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGROUND RENOVATION AND/OR CHANGE IN USE**

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

**SECTION 9 - BUILDING HEIGHT AND AREA**

BUILDING AREA	Existing (if applicable)			Proposed
Number of floor or stories included				
Basement levels				
Floor Area Per Floor (SF)				
Total Area (SF)				
Total Height				

**SECTION 10 - ESTIMATED CONSTRUCTION COST**

ITEM	Estimated Cost (Dollars) to be Completed by permit applicant			Official Use Only	
	Estimated cost	Multiplier	Fee	(a) Building Permit Fee Multiplier	(b) Estimates Total Cost Of Construction From
1- Building					
2- Electrical					
3- Plumbing					
4- Gas					
5- Fire Protection					
6- Sprinklers					
7- Mechanical (HVAC)					
8- Total (1+2+3+4+5+6+7)					
				NOTE: All building, Wiring, Plumbing, fire Suppression And Alarm permit	
				Fee will be paid by the general contractor or owner at the time of issuance	

**SECTION 11 - OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_