



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 OR DEMOLISH ONE OR TWO
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: _____

Local Historical District – Applicable Not applicable

Owner's Name: _____

Building more than 75 years old - Applicable Not applicable

Owner's Street Address: _____

Historical Commissioner Signature: _____

City, State & Zip: _____

Date: ____ / ____ / ____ Approved: Yes No

Telephone Number: _____ / _____ / _____

DEPARTMENTS SIGN OFF'S

Tax Collector /(Taxes)

Water Dept. /(Water/Sewer)

Inspectional Services /(Trash Tickets)

Stamp _____

Stamp _____

Stamp _____

Signature _____

Signature _____

Signature _____

Date ____ / ____ / ____

Date ____ / ____ / ____

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: ____ / ____ / ____

7- Historical Commissions _____ Date: ____ / ____ / ____

PERMIT GRANTED

Application No: _____ Approved Denied

DATE: ____ / ____ / ____

Official's Name: _____

Official's Signature: _____

Date of Approval/Denial: ____ / ____ / ____



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APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

SECTION 1 - SITE INFORMATION

1.1 Property Address: No: _____ Street: _____

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) _____

1.5 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: _____

1.6 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) _____

Signature _____

2.2 Authorized Agent:

Name (print) _____

Signature _____

Address _____

Telephone _____

SECTION 3 - BUILDING INFORMATION

3.1 Structure Size: _____ x _____ Total sq. ft. _____

3.2 Structure Height: _____ No. Of Stories _____

3.3 Structure Erected on solid Land Filled Land

3.8 Garage: _____ Attached Detached Under

3.9 Insulation Type: _____ R- Value: Wall _____

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? _____

3.13 Type of Alarm System _____

3.6 Number of Egresses: _____

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

3.7 Location of Egresses: _____

3.15 No. Of Available Parking Spaces _____ Location _____

SECTION 4 - CONSTRUCTION SERVICES

4.1 Licensed Construction Supervisor - Phone# _____ / _____ / _____

Name: _____ License # _____

Address _____

4.3 Architects/Engineers - Phone # _____ / _____ / _____

Name: _____ License # _____

Address _____

SECTION 5 - FEE AND PERMIT APPLICATION SIGNATURE

5.1 Estimated Cost: _____

5.2 Signature of Owner or Authorized Agent: _____

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
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	R-4 <input type="checkbox"/>
Notes: _____ _____ _____ _____ _____ _____					
1A <input type="checkbox"/>	1B <input type="checkbox"/>				
2A <input type="checkbox"/>	2B <input type="checkbox"/>	2C <input type="checkbox"/>			
3A <input type="checkbox"/>	3B <input type="checkbox"/>				
4 <input type="checkbox"/>					
5A <input type="checkbox"/>	5B <input type="checkbox"/>				

M. Mixed Use <input type="checkbox"/>	Specify _____
S. Special Use <input type="checkbox"/>	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	
1- Building				(a) Building Permit Fee Multiplier
2- Electrical				(b) Estimates Total Cost Of Construction From
3- Plumbing				• Building Permit Fee (a) x (b)
4- Gas				• CHECK NUMBER
5- Fire Protection				
6- Sprinklers				
7- Mechanical (HVAC)				NOTE: All building, Wiring, Plumbing, fire Suppression And Alarm permit
8- Total (1+2+3+4+5+6+7)				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 _____
REVISED 02/07/2005 (LW) WORKING DRAFT Page 27H