



HONORABLE MAYOR  
DANIEL RIVERA

**CITY OF LAWRENCE  
INSPECTIONAL 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: \_\_\_\_\_

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

2- Fire Department \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3- Electrical Inspector \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4- Planning Board \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

5- Design Review Board \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

6- Conservation Board \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

7- Historical Commissions \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

8- Health Department \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9- Tax Department \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10- Plumbing and Gas Insp. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11- City Engineer \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

12- Water Department \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

13- DPW (Director) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERMIT GRANTED**

Application No: \_\_\_\_\_ Approved ☐ Denied ☐

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Official's Name: \_\_\_\_\_

Official's Signature: \_\_\_\_\_

Date of Approval/Denial: \_\_\_\_/\_\_\_\_/\_\_\_\_





**CITY OF LAWRENCE**  
INSPECTIONAL 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 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 <input type="checkbox"/> Proved <input type="checkbox"/>		1.8 Flood Zone Information: Zone <input type="checkbox"/> Outside Flood Zone <input type="checkbox"/>		1.9 Disposal System: Municipal <input type="checkbox"/> On site disposal System <input type="checkbox"/>	

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

2.1 Owner Of Record:

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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 \_\_\_\_\_

4.1 Home Improvement Contractor - 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 \_\_\_\_\_





HONORABLE MAYOR  
DANIEL RIVERA

## CITY OF LAWRENCE

INSPECTIONAL 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 A ONE OR TWO FAMILY DWELLING*

### 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"/>		1A <input type="checkbox"/>
Notes: _____ _____ _____ _____ _____ _____ _____ _____						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"/>	
M. Mixed Use	<input type="checkbox"/>	Specify _____					5B <input type="checkbox"/>
S. Special Use	<input type="checkbox"/>	Specify _____					
	<input type="checkbox"/>	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					
5- Fire Protection				• CHECK NUMBER	
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 herby 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

REVISD 02/07/2005 (LW) WORKING DRAFT Page 27H