TOWN OF WELLESLEY BUILDING DEPARTMENT
COMMERCIAL BUILDING APPLICATION
(Other Than One or Two Family Dwellings)
PURSUANT TO MA STATE BUILDING CODE 780-CMR

For Official Use Only:
Application #

Date:_____

Both pages must be printed even if they are blank. **PLEASE COMPLETE ALL SECTIONS IN FULL**

SECTION 1 - **DESCRIPTION OF PROPOSED WORK** - check all applicable boxes

New Construction ☐	Addition ☐	Alteration ☐	Repair ☐	Demolition ☐	Fence ☐
Swimming Pool ☐	Accessory Structure ☐	Other ☐	Please Specify		
Sewer Disposal System	Municipal ☐	Private ☐	**Water Supply** (M.G.L. c40 §54)	Municipal ☐	Private ☐

Description of Proposed Construction/Scope or Work:

_____

_____

SECTION 2 - PROPERTY ADDRESS & OWNERSHIP

2.1 Property Address (No., Str Unit/Suite) _____

2.3 Business Name (if applicable) _____

2.4 Property Owner of Record Name: _____

Mailing Address: _____

Telephone:_____ If new owner, Book/Page and Date title recorded _____

SECTION 3- CONSTRUCTION SERVICES For projects less than 35,000 cubic feet of enclosed space.

3.1 Licensed Construction Supervisor

Name: _____ License Number _____

Address: _____ Expiration Date _____

Telephone _____ Cell _____ Wellesley Registration (CID) _____

3.2- Registered Home Improvement Contractor

Company Name: _____ Registration Number _____

Address _____ Expiration Date _____

Telephone _____ Cell _____ Wellesley Registration (CID) _____

SECTION 4 –PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES-For building and structures subject to construction control pursuant to 780 CMR 116 (containing more than 35,000 c.f. of enclosed space.)

4.1-Primary Registered Design Professional- Please include all names and contact information for ALL Registered Architects and Registered professional Engineers on required construction documents.

Name: _____ Registration Number _____

Address _____ Expiration Date _____

Telephone _____ Cell _____ Wellesley Registration (CID) _____

4.2 General Contractor - Responsible Person in Charge of Construction:

Name _____ Telephone _____

Company Name _____ Cell _____

Address _____ Wellesley Registration (CID) _____

SECTION 5 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 will result in denial of the issuance of Building Permit.

SECTION 6 - Zoning Compliance /Site Plan-

Pursuant to 780 CMR 110.10, Please file a Site Plan with the registered construction documents. The SITE Plan **MUST** show the total lot area (SF), As well as all setbacks and proposed lot coverage for all buildings on the property (in SF and as % of total lot area).

Section 7 USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)		CONSTUCTION TYPE
Assemble ☐	A 1 ☐ A 2 ☐ A 3 ☐ A 4 ☐ A 5 ☐	1 A ☐
Business ☐		1 B ☐
Educational ☐		2 A ☐
Factory ☐	F 1 ☐ F 2 ☐	2 B ☐
High Hazard ☐	H 1 ☐ H 2 ☐ H 3 ☐ H 4 ☐ H 5 ☐	3 A ☐
Institutional ☐	I 1 ☐ I 2 ☐ I 3 ☐	3 B ☐
Mercantile ☐		4 ☐
Residential ☐	R 1 ☐ R 2 ☐ R 3 ☐	5 A ☐
Storage ☐	S 1 ☐ S 2 ☐	5 B ☐
Utility ☐	Specify	
Mixed Use ☐	Specify	
Special Use ☐	Specify	

FOR BUILDINGS 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): _____

Section 8 ESTIMATE CONSTRUCTION COST – Including:
Building, Electrical, Plumbing, Mechanical (HVAC), & Fire protection Work.

PLEASE ROUND TO THE NEAREST THOUSAND $ _____

Section 9 APPLICATION DECLARATION

I (WE) the undersigned as permit Applicant(s) hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my (our) knowledge and belief.

Signed under the pains and penalties of perjury.

_____ _____
Owner Signature *Date*

_____ _____
Construction Supervisor Signature (required if identified on the front) *Date*

**** If the owner has authorized an agent to act on his/her behalf, please include a signed letter with this application.***

COMMERCIAL BUILDING PERMIT

APPLICATION #

Property Address:

Date Permit Granted:

Reviewed By

Fees Collected:

Permit _____

Microfilming _____

Advertising _____

Cert. of Occ. _____

TOTAL $ _____