City of Lowell
Division of Development Services
375 Merrimack Street, Room 55
Lowell, MA 01852
P: 978.674.4144 F: 978.446.7103

Building Permit
RESIDENTIAL Projects

Fee: Calculated

Property Address (include unit #s): _____

Property Owner: _____

Owner Address (if different): _____

Owner City, State, Zip (if different): _____

Owner Phone Number: _____

Owner Email: _____

Applicant (if not Owner): _____

Applicant Phone No: _____

Applicant Email: _____

Want instant email notification of when permit is issued and inspections completed? Don't forget to give us your email!

FOR OFFICE USE ONLY

Application #:_____

Fee: $_____

Check #: _____

Permit #: _____

Category of Work (Check all that apply):

		❑ NEW Single Family	❑ NEW Duplex/2 Family
❑ NEW Multi Family (3+) No of Units:	❑ Accessory Building	❑ NEW Addition	❑ NEW Condo/Townhouse
❑ NEW Garage Attached	❑ NEW Garage Detached	❑ Remodel: Alteration	❑ Remodel: Conversion
❑ Renovation Due to Fire	❑ Repair	❑ Interior Demolition	❑ Demolition of Structure
❑ Retaining Wall 4'+	❑ Siding	❑ Strip/Reroof	❑ Change of Use
❑ Woodstove	❑ In Ground Pool	❑ Above Ground Pool No Deck	❑ Above Ground Pool w/Deck
❑ Deck/Porch Using Existing Foundation (Describe Below)	❑ Deck/Porch w/ Foundation	❑ Sunroom	❑ Tent Occupancy:
❑ Replacement Windows # of Windows:	❑ Handicap Ramp	❑ Blow-In Insulation	❑Certificate of Occupancy Only

Has construction started yet? ❑ Yes ❑ No

Description of Work (include location of work relative to structure):_____

_____

_____

_____

Estimated Project Costs (Labor & Materials):

1. Building Project Cost	$
2. Electrical	$
3. Plumbing & Gas	$
4. Mechanical (HVAC)	$
5. Fire Suppression	$
Total Project Cost (1+2+3+4+5)	**$**

Building Permit Fees are calculated based on Total Building Project Cost. Separate permits are required for Electrical, Plumbing, Gas, Mechanical and Fire Suppression.

In accordance with 780 CMR 109.3, applications will be rejected for underestimated value of work.

Licensed Construction Supervisor: _____

Address: _____

Email: _____ **Phone No:** _____

License No: _____ **Expiration:** ____/____/_____

Get instant email notification when your permit is issue and inspections completed. Don't forget to give us your email.

License Type (Check One)

❑ **U** Unrestricted	❑ **M** Masonry Only	❑ **WS** Res Windows & Siding	❑ **D** Res Demo
❑ **R** Restricted (1&2 Family)	❑ **RC** Res Roofing	❑ **SF** Res Solid Fuel Burning Appliance Installation	

Registered Home Improvement Contractor: _____

Address: _____

Email: _____ **Phone No:** _____

Registration No: _____ **Expiration:** ____/____/____

Dig Safe Ticket Number (Required for foundation and ground work only)**:** _____

Name of Solid Waste Disposal Contractor for Construction Material: _____

Address: _____

Demolition and/or Construction Debris May Not Be Put Curbside for Municipal Trash Pick Up

As a result of the provisions of MGL c40s54, I acknowledge that as a condition of the building permit, all debris resulting from the construction activity governed by this building permit must be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111s150A.

Workers Compensation Insurance Affidavit

In accordance with MGL c152s25C(6) a Workers Compensation Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in denial of the building permit.

Taxes and Financial Obligations
In accordance with City of Lowell policy, all taxes, fees, fines and financial obligations must be current before a building permit will be issued.

Arbitration Program & Guaranty Fund
Any homeowner who obtains a building permit to do his/her work or hires a contractor not registered with the Massachusetts' Home Improvement Contractor (HIC) Program, will NOT have access to the Arbitration Program or Guaranty Fund under MGL c142A. For more information about the HIC Program and the Construction Supervisor Licensing (CSL) Program see State of Massachusetts 780 CMR Regulations 110.R5 and 110.R6.

Applicant's/Owner's Responsibility to Have Work Inspected
Failure to obtain proper permits or to have the work inspected and signed off on can result in loss of homeowner's insurance, impact the sale or transfer of the property, result in the suspension or revocation of contractor's state licenses and subject the owner or contractor to fines of up to $1,000.

Occupancy Restrictions
I understand and agree that no more than 3 unrelated persons may occupy a single unit.

Owner's or Owner's Agent Declaration
As Owner/Owner's Agent, I hereby declare, under the pains and penalties of perjury that the statements and information provided herein are true and accurate, to the best of my knowledge and behalf, and that I understand the requirements, regulations and laws applicable to the work described herein.

_____

Owner's/Owner's Agent's Signature Date

_____

Print Name

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.

TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual):_____

Address:_____

City/State/Zip:_____Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____employees (full and/or part-
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c.

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10 ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other_____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name:_____

Policy # or Self-ins. Lic. #:_____Expiration Date:_____

Job Site Address:_____City/State/Zip:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature:_____ Date:_____

Phone #:_____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town:_____**Permit/License #**_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person:_____**Phone #:**_____

City of Lowell
Dept of Planning and Development | *Division of Development Services*
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SOLID WASTE DISPOSAL FORM
ASBESTOS ABATEMENT INFORMATION AFFIDAVIT
LEAD PAINT ABATEMENT INFORMATION AFFIDAVIT

As a condition if issuing a permit for the construction, demolition, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54, requires that the debris resulting there from shall be disposed in a properly licensed solid waste facility as defined by M.G.L. c. 111, § 150A and 310 CMR 7.15 and 310 CMR 30.00 when applicable.

I hereby acknowledge that the reference building permit issued to construct, demolish, renovate, rehabilitate or alter a building structure is conditioned on compliance with M.G.L. c. 40, § 54.

_____
Building Permit Number (to be completed by office staff

_____
Construction Site Address

_____
Name and Location of Solid Waste Disposal Facility

_____
Signature of Permit Applicant Date

ASBESTOS ABATEMENT INFORMATION AFFIDAVIT
LEAD PAINT ABATEMENT INFORMATION AFFIDAVIT

For all work to be permitted and controlled by 310 CMR 7.15, 189A AND 199B in an owner-occupied, single family residence.

As owner of an owner-occupied, single residence I am claiming the owner exemption as controlled by 310 CMR 7.15. Any non-friable Asbestos Abatement and Lead Abatement work not performed by the single family owner shall require notification to the Health Department prior to any asbestos abatement and lead abatement work being performed.

_____
Signature of Owner Date

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Construction License Exemption for Homeowner(s)

(Please Print)
Date:_____
Job Location:_____
"Homeowner":_____
Present Mailing Address:
_____
(Number and Street Name)

_____ _____ _____
(City/Town) (State) (Zip Code)

Any homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR; (Commonwealth of Massachusetts State Building Code) provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as a supervisor. This exemption shall not apply to the field erection of a manufactured building. For the purposes of the exemption a **"homeowner"** is defined as follows: **Person(s) who owns a pacel of land on which he/she resides or intends to reside on which there is, or is intended to be, a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures**. A person constructs more than one home in a two-year period shall not be considered a homeowner.

"OWNERS PULLING THEIR PERMIT OR HAVING WORK PERFORMED BY UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGLc 142A"

By signing below the applicant currently resides or intends to reside in the residence.

Homeowner's Signature:_____

Note: All structures 35,000 cubic feet or larger, will be required to comply with the State Building Code Construction Control Regulations.

City of Lowell
Building Department
Energy Conservation Application Form
Stretch Energy Code
(780 CMR Appendix AA & IECC 2015)
Compliance for One & Two-Family Residential Construction

Applicant Name:_____ Job Address:_____

Applicant Signature: _____ Date:_____

Please check appropriate box:

☐ New Construction- 401.2 **(1** & 2 Family Dwellings) requires a HERS index rating as verified by a RSNET certified HERS rater:

Name & Reg.# of HERS rater: _____

a. Units 3,000 sq.. ft. of conditioned space, a HERS rating of 55 or less is required.
b. Units <3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required.
c. All units shall comply with the Energy Star Qualified Thermal Bypass Inspection Checklist.

☐ Additions (Circle Option #1 or #2):

1. Prescriptive Options (401.3) shall conform to IECC 2015 Chapter 4 and demonstrate compliance with:
   a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist.
   b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights.
   c. Ducts sealed and tested with leakages 4 cfm per 100 sq. ft. of conditioned floor area.
   d. Indicate insulation R-Values and fenestration U-Factors below:
   R-Values Wall:_____Ceiling Floor:_____Slab:_____ Basement Wall:_____
   U-Factors Windows:_____Doors:_____Skylights:_____
2. Performance Option (401.4):
   Name & Reg. # of HERS rater: _____
   a. Units 3,000 sq. ft. of conditioned space, a HERS rating of 65 or less is required.
   b. Units <3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required.
   c. All units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist.

☐ Alterations, Renovations or Repairs (Circle Options #1 or #2):

1. Prescriptive Option (401.5) shall conform Lo IECC 2015 Chapter 4 and demonstrate compliance with:
   a. The Energy Start Qualified Homes Thermal Bypass Inspection Checklist.
   b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights.
   c. Ducts sealed and tested with leakages 4 cfm per 100 sq. ft. of conditioned floor area.
   d. Indicate insulation R-Values and fenestration U-Factors below:
   R-Values Wall:_____Ceiling Floor:_____Slab:_____ Basement Wall:_____
   U-Factors Windows:_____Doors:_____Skylights:_____
2. Performance Option (401.6): Name & Reg. # of HERS rater:
   a. Units 3,000 sq. ft. of conditioned space, a HERS rating of 65 or less is required.
   b. Units <3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required.
   c. All units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist.

☐ Residential Windows, Doors & Skylights- Energy Star Fenestration U-Factor Requirements (see reverse side)

#of Windows _____ U-Factor(s) _____
#of Doors _____ U-Factor(s)_____
#of Skylights _____ U-Factor(s)_____

Note: Please leave manufacturing stickers in windows for inspection verification.

***** PLEASE SEE NEXT PAGE FOR MANDATORY IECC 2015 REQUIREMENTS*****

2015 IECC MANDATORY REQUIREMENTS

401.3 Certificate- Posted on or near Elec Panel and list R&U values – equip efficiency
402.4 Air Leakage- Building Thermal Envelope sealed to limit infiltration
402.4.3 Fireplace- Shall have gasket doors and outdoor combustion air
402.5 Maximum U Value
403.1 Systems Control – One programmable thermostat for forced air system
403.2.2 Duct Sealing- All ducts shall be sealed
403.2.3 Building Cavities- Framing cavities shall not be used to supply ducts
403.3 Mechanical System Piping Insulation- Minimum insulation of R-3
403.4 Circulation Hot water system- Minimum insulation of R-2
403.5 Mechanical Ventilation – Intake and Exhaust shall have automatic or gravity dampers
403.6 Equipment Sizing- In accordance with ACCA manuals per MI401.3 of IRC
403.7 Systems serving multiple dwelling units- See Sections 503 & 504 if IECC 2009
403.8 Snowmelt Systems Controls- Provide automatic or manual shutoff controls
401.1 Lighting Equipment- Min of 50% of lighting fixture shall be high-efficiency lamps

TABLE 402.1.2 CLIMATE ZONES 5 ONLY INSULATION REQUIREMENT BY COMPONENT[3]

Climate Zone	Ceiling R-Value	Wood Frame-Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab R-Value & DeptIl	Crawl SpaceWall R-Value
5 (MA)	49	20 or 13+15"	13/17	30&	15/19	10.2 ft.	15/19

Footnotes (Modified for Climate Zone 5 Only):

A. R-values are minimums. U-Factors are maximums. R-19 batts compressed into a nominal 2x6 framing cavity such that the R-Value is reduced by R-1 or more shall be marked with the compressed batt R-Value in addition to fill thickness R-Value.
B. "10/13" means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
C. R-5 shall be added to the required slab edge-R-values for heated slabs. Insulation depth shall be the depth ofthe footing or 2 feet , whichever is less in Zones 1 through 3 for heated slabs.
D. Or insulation sufficient to fill the framing cavity, R-19 minimum.
E. "13+5" means R-13 cavity insulation plus R-5 insulated sheathin g. If structural covers 25 percent or less of the exterior insulating sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25 percent of exterior , structural sheathing shall be supplemented with insulated sheathing of at least R-2.
F. The second R-value applies when more than half the insulation is on the interior of the mass wall.

ENERGY STAR FENESTRATION U-FACTOR REQUIREMENTS FOR RESIDENTAL DOORS, WINDOWS & SKYLIGHTS

Windows		**Doors**			Skylights	
U-Factor	SHGC	Glazing Lvl	U-Factor	SHGC	U-Factor	SHGC"
0.30 =0.31 =0.32	Any 0.35 0.40	Opaque /11 lite >Y: z lite	0.21 0.27 <0.32	No rating 0.30 <0.30	0.55	any

a. SHGC= Solar Heat Gain Coefficient