



The Commonwealth of Massachusetts  
Department of Public Safety  
Massachusetts State Building Code (780 CMR)

## Building Permit Application for any Building Demolition

The City of Holyoke  
Building Department  
20 Korean Veterans Plaza  
Room 300  
Holyoke, MA 01040  
413-322-5600  
[www.holyoke.org](http://www.holyoke.org)



(This Section for Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

### SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here o or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 1)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

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

### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

### SECTION 4: BUILDING HEIGHT AND AREA

|  | Existing | Proposed |
|--|----------|----------|
| No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.) |          |          |
| Total Area (sq. ft.) and Total Height (ft.)                                |          |          |

### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐

F: Factory F-1 ☐ F2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐

I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐

S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use o and please describe below:

Special Use:

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Water Supply:</b><br>Public <input type="checkbox"/><br>Private <input type="checkbox"/> | <b>Flood Zone Information:</b><br>Check if outside Flood Zone <input type="checkbox"/><br>or identify Zone: _____ | <b>Sewage Disposal:</b><br>Indicate municipal <input type="checkbox"/><br>or on-site system <input type="checkbox"/> | <b>Trench Permit:</b><br>A trench will not be<br>required <input type="checkbox"/> or trench<br>permit is enclosed <input type="checkbox"/> | <b>Debris Removal:</b><br>Licensed Disposal Site<br><input type="checkbox"/><br>or<br>specify: _____ |
|---|---|--|---|--|

**Railroad right-of-way:**  
Not Applicable ☐  
or Consent to Build enclosed ☐

**Hazards to Air Navigation:**  
Is Structure within airport approach area?  
Yes ☐ or No ☐

[MA Historic Commission Review Process:](#)  
Is their review completed?  
Yes ☐ No ☐

### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

# Appendix 1

**For the demolition of structures, the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.**

**Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.**

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

| No. and Street<br>Building (if applicable) | City /Town | Zip | Name of |
|--|------------|-----|---------|
|--|------------|-----|---------|

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**For the above-described property the following action was taken:**

|                                    |  |   |  |
|------------------------------------|--|---|--|
| <b>Water Shut Off?</b>             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Gas Shut Off?</b>               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Electricity Shut Off?</b>       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Sewer system?</b>               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Extermination?</b>              | Yes <input type="checkbox"/> No <input type="checkbox"/> | Provider notified and Release obtained? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Other (if Applicable)</b> _____ |  |   |  |

**The Commonwealth of Massachusetts**  
**City of Holyoke**  
**Department of Codes and Inspections**  
**20 Korean Veterans Plaza, Holyoke, Massachusetts 01040 (413) 322-5600**

**Demolition Affidavit**

**Project Name:**

**Project Address:**

**Map:      Block:      Lot:**

In accordance with section 54 of Chapter 40 of the Massachusetts General law I acknowledge that as a condition of a demolition permit being issued to me, all debris from the demolition shall be disposed of in a properly licensed solid waste disposal facility as defined in Section 150A of Chapter 111 of the General Laws.

**Disposal Facility**\_\_\_\_\_

Address

City State

ZIP

I shall notify the Building Official, within the statutory time limit, of the location of disposal for the demolition debris by submitting proper receipts or manifests.

Signature of Permit Application\_\_\_\_\_ Date\_\_\_\_\_

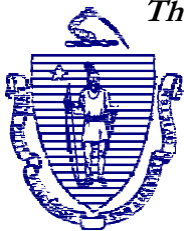
Printed Name\_\_\_\_\_

Company\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone\_\_\_\_\_ Email \_\_\_\_\_



**The Commonwealth of Massachusetts Department of Industrial Accidents**

**Office of Investigations**

**Lafayette City Center**

**2 Avenue de Lafayette, Boston, MA**

**02111-1750**

**[www.mass.gov/dia](http://www.mass.gov/dia)**

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information** (Please print legibly) \_\_\_\_\_

Business Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/ or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: \_\_\_\_\_

[www.mass.gov/dia](http://www.mass.gov/dia)

**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. ☐ Licensing Board
5. ☐ Selectmen's Office
6. ☐ Other \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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