



**City of Holyoke Building Department  
20 Korean Veterans Plaza  
Holyoke, MA 01040**

**Holyoke Mall Plan Review/Permit Filing Requirements**

***This approval form is to be completed and signed by Holyoke Mall Management and must be sent to the City of Holyoke Building Department as part of the plans and permit application submittal package.***

***Completion of this form by Holyoke Mall does not constitute permission to commence work on the project.***

Tenant: \_\_\_\_\_ Space #: \_\_\_\_\_ Sq.Ft.: \_\_\_\_\_

New Store

Full Remodel

Cosmetic Remodel

Preliminary drawings received by Holyoke Mall for Landlord review and comment

Final drawings incorporating all of Landlord's revisions received and approved by Holyoke Mall

Fire alarm drawing meeting Holyoke Fire Department's criteria is included in the final drawings

Duct smoke detector(s) mounted at a maximum height of 12' or access platform(s) shown on fire alarm drawing and on architectural drawings with elevations and details

Duct smoke detector(s) are accessible through ceiling access panels or acoustic ceiling tiles and access is not impeded by anything below

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature for Mall

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# The Commonwealth of Massachusetts

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

## Building Permit Application for any Building other than a One- or Two-Family Dwelling

(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 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)

<b>A: Assembly</b> A-1 A-2 Nightclub A-3 A-4 A-5	<b>B: Business</b>	<b>E: Educational</b>
<b>F: Factory</b> F-1 F2	<b>H: High Hazard</b> H-1 H-2 H-3 H-4 H-5	
<b>I: Institutional</b> I-1 I-2 I-3 I-4	<b>M: Mercantile</b>	<b>R: Residential</b> R-1 R-2 R-3 R-4
<b>S: Storage</b> S-1 S-2	<b>U: Utility</b>	<b>Special Use and please describe below:</b>

Special Use:

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

<b>IA</b>	<b>IB</b>	<b>IIA</b>	<b>IIB</b>	<b>IIIA</b>	<b>IIIB</b>	<b>IV</b>	<b>VA</b>	<b>VB</b>
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### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

<b>Water Supply:</b> Public Private	<b>Flood Zone Information:</b> Check if outside Flood Zone or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal or on site system	<b>Trench Permit:</b> A trench will not be required or trench permit is enclosed	<b>Debris Removal:</b> Licensed Disposal Site or specify: _____
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<b>Railroad right-of-way:</b> Not Applicable or Consent to Build enclosed	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes or No	<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes No
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### 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: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes

Name Street Address City/Town State Zip

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)**

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here © and skip Section 10.1)

**10.1 Registered Professional Responsible for Construction Control**

Name (Registrant) Telephone No. e-mail address Registration Number
Street Address City/Town State Zip Discipline Expiration Date

**10.2 General Contractor**

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes © No ©

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Table with 2 columns: Item, Estimated Costs: (Labor and Materials). Includes rows for Building, Electrical, Plumbing, Mechanical (HVAC), Mechanical (Other), and Total Cost. Includes Building Permit Fee \$ and fee schedule information.

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name Title Telephone No. Date

Street Address City/Town State Zip

Municipal Inspector to fill out this section upon application approval: Name Date

## Appendix 2

**Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.**

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to **triple the original permit fee.**

### Registered Professional Contact Information

_____ Name (Registrant)	- - Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Name (Registrant)	- - Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Name (Registrant)	- - Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip

# **STRETCH CODE COMPLIANCE – ENERGY CONSERVATION**

The City of Holyoke has approved the Stretch Energy Code, 780CMR Appendix 115.AA. The requirements are in addition to the requirements of the 2009 ICC International Energy Conservation Code (IECC).

## **COMMERCIAL BUILDINGS**

INCLUDING RESIDENTIAL, 4 STORY OR MORE

Check all that are applicable to the proposed project:

- New Construction (see over)
- Proposed Work is a renovation or alteration of an existing building and is exempt from Stretch Code requirements. Project will comply with all current IECC requirements.
- Proposed Work includes a change to the lighting array or changes to the existing lighting. Project lighting will comply with all current Stretch Code and IECC requirements.
- Roof Replacement – roof insulation shall meet insulation values as specified in current IECC. 780CMR 115AA §101.4.3 Applicability – Exception 4 requires that un-insulated roofs Or walls be insulated to the current code requirements when the sheathing is exposed as part of The re-roofing or re-siding of the building.
- I declare that the work is EXEMPT under 780CMR 115AA §101.4.3. Exception # \_\_\_\_\_

**The following documentation has been submitted with application:**

- Energy Modeling Report
- Building Envelope Specifications
- Lighting Power Density Report (required for any new lighting installation)
- Equipment, Testing and Commissioning Schedule

I, the undersigned, certify knowledge and understanding of the energy conservation requirements as enforced by the City of Holyoke, and certify that the above information is accurate to the proposed construction.

Building Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

If work is under design provision of Sec. 116 780CMR, Construction Control, the following is required:

Registered Design Professional \_\_\_\_\_

Reg. Des. Prof's. Signature \_\_\_\_\_ Date \_\_\_\_\_



## TAX COLLECTOR AFFIDAVIT

This is to certify that, in accordance with Chapter 74 of the Acts of 1996, the persons and properties named herein have NO uncollected taxes, fines, fees or other charges owing to the City of Holyoke that would prevent the issuance of permits.

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Property Address

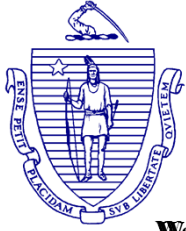
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Owners Name

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Holyoke Tax Collector or designee

Date



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.**

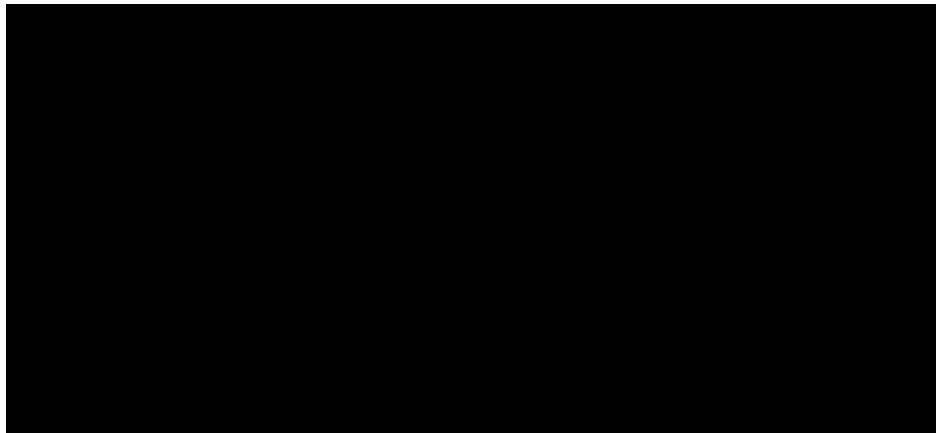
**Applicant Information**

Please Print Legibly

Name (Business/Organization/Individual): \_\_\_\_\_

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

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



- 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 #: \_\_\_\_\_