



Daniel Rizzo
Mayor

City of Revere

Building Department
249 R. Broadway
Revere, MA 02151

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING **OTHER THAN** A ONE OR TWO FAMILY DWELLING

THIS SECTION FOR OFFICE USE ONLY

Building Permit No.	Date Issued:
Inspector of Building Signature	Date

Section 1 - Site Information		
Property Address	Map	Block
		Parcel No.

Section 2 - Zoning Information			
Zoning District	Proposed Use	Property Dimensions	
		Lot Area →	Sf
		Front Yard →	Sf
		Side Yard →	Sf
		Rear Yard →	Sf
Flood Zone Yes / No		Sewage Disposal System Municipal _____ / Private _____	

Section 3 - Property Owner / Authorized Agent	
Owner of Record (Print Name): _____	Address for Service _____
Signature _____	Telephone _____
Authorized Agent (Print Name): _____	Address for Service _____
Signature _____	Telephone No. _____

Section 4 - Construction Services	
Licensed Construction Supervisor _____	License No. _____
Address _____	Expiration Date _____
Signature _____	Telephone No. _____
Registered Home Improvement Contractor _____	Registration No. _____
Company Name: _____	Expiration Date : _____

Section 5 – Professional Design and Construction

Services – For Buildings and Structures Subject to Construction Control Pursuant to 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F OF ENCLOSED SPACE)

Section 5.1 – Registered Architect	
Name (Registrant) _____	Registration No. _____
Address _____	Expiration Date _____
Signature _____	Telephone No. _____
Section 5.1 – Registered Professional Engineer(s)	
Name (Registrant) _____	Area of Responsibility. _____
Address _____	Expiration Date _____
Signature _____	Telephone No. _____

Name (Registrant) _____	Area of Responsibility. _____
Address _____	Expiration Date _____
Signature _____	Telephone No. _____

Name (Registrant) _____	Area of Responsibility. _____
Address _____	Expiration Date _____
Signature _____	Telephone No. _____

Name (Registrant) _____	Area of Responsibility. _____
Address _____	Expiration Date _____
Signature _____	Telephone No. _____

Section 5.1 – General Contractor	
Company Name: _____	Responsible in Charge of Construction _____
Address _____	_____
Signature _____	Telephone No. _____

Section 6 - Description of Proposed Work

Brief Description of work _____

- New Building Addition Alteration Accessory bldg Repair, Replace Foundation only
 Demolition Other – Specify _____

Section 7 - Use Group and Construction Type

USE GROUP (Check as applicable)		CONSTRUCTION TYPE	
A Assembly	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	1A	<input type="checkbox"/>
		1B	<input type="checkbox"/>
B Business	<input type="checkbox"/>	2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>	2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2	2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>	3A	<input type="checkbox"/>
I Institution	<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3	3B	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>	4	<input type="checkbox"/>
R Residential	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3	5A	<input type="checkbox"/>
S Storage	<input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> S-3	5B	<input type="checkbox"/>
U Utility	<input type="checkbox"/> Specify:		
M Mixed Use	<input type="checkbox"/> Specify:		
S Special Use	<input type="checkbox"/> Specify:		

COMPLETE THIS SECTION IF EXISTING BUILDING 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 – Building Height and Area

BUILDING	EXISTING (if applicable)	PROPOSED
Number of floors or stories included basement levels		
Floor Area per floor (sf)		
Total Area		
Total height (ft)		

Section 9 – Structural Peer Review
(780 CMR 110.1)

Independent Structural Engineer Peer Review Required

YES

NO

Section 10 – Owner Authorization –
(To be completed when agent or contractor applies for the Building Permit.)

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters related to work authorized by this Building Permit.

Signature _____

Date _____

Section 6 - Estimated Construction Cost

Item	Estimated Cost (Dollars) Completed by permit applicant	Office Use Only	
		Permit Fee →	
Building		Building Permit Fee →	
Electrical			
Plumbing		Items Total →	
Mechanical (HVAC)			
Fire Protection			
Total		Fee Total →	

Formal Project Review

(Zoning Ordinance Sect 17.48.030)

The applicant must obtain the following approvals prior to the issuances of Zoning Permits. Should it be determined that an application is subject to S.P.R., Site Plan Review. The Project Review is waived and the applicant is required to make a formal Site Plan Review Application. For applications, submissions requirements and procedures see the Chairman of the Site Plan Review Committee. The City Planer.

Water / Sewer:	Date: _____	Dept. Of Public Works:	Date: _____
Fire Prevention:	Date: _____	Board of Health:	Date: _____
Handicapped Affairs	Date: _____	Other:	Date: _____

Notice: Until Project Review is complete, or Site Plan review approval is obtained; there is no compliance with zoning. Therefore any application for a building permit is administratively DENIED!. The 30 day review period for building permit issuances stipulated by the Mass. Bldg. Code Section 114 will commence after Project Review or Site Plan Review approval is obtained, due to administrative denial.

PERSONS CONTRACTING WITH UNREGISTERED CONTRACTORS DO NOT HAVE ACCESS TO THE GURANTY FUND (AS SET FORTH IN MGL c124A)