

## INSPECTIONAL SERVICES DEPARTMENT

City of Cambridge • 831 Massachusetts Avenue • Cambridge, Massachusetts 02139 617-349-6100 • TTY 617-349-6112 • Fax 617-349-6132

Ranjit Singanayagam - Commissioner

## Permit to Build, Alter, or Repair any 1 or 2 FAMILY DWELLING

The Undersigned hereby applies for a permit in accordance with the Massachusetts State Building Code 780CMR.

Application must be filled out COMPLETELY in ink.

Building Address	THE RESIDENCE OF THE PROPERTY
Building Owner	Phone#
Owner Address	1 Hoheπ
Contractor	
Contractor Address	Phone#
TYPE OF WORK:	0.11
New Addition Alteration Repair Roo	of Siding Other
Does the proposed work change or alter ANY part	of the building exterior? Yes No
ZORDIO ENTRODE A MIORI DEGETTODO /	
ZONING INFORMATION - REQUIRED (The Applic	
Building Type:   Single-Family Dwelling   Two-F  Is there a proposed change in the number of units? Yes	
☐ Proposed work includes – reconstruction of an existing exterior existing conditions, and fully dimensioned plans and elevation	or building element (porch, deck, etc.). Provide recent photos of ns.
☐ Proposed work includes - enclose a covered porch, build uncodecks over existing 1 <sup>st</sup> or 2 <sup>nd</sup> floors, create new windows, doors, stamped and scalable surveyor's plot plan, the height of the land fully dimensioned plans and elevations. If Board of Zon	or skylights (including moving existing units),. Provide a nighest point of the roof, recent photos of existing conditions,
□ Proposed work includes — new construction, additions, dorme at the 2 <sup>nd</sup> floor level or higher, roof decks over the 3 <sup>rd</sup> floor or higheight, change the use or increase the number of dwelling units of Provide all previously listed documents (see above), plus a coaspects of the Cambridge Zoning Ordinances. If Board of Z None of the above. The proposed work is not of the types li	of a building, erect an outbuilding, or to do any similar work.  mprehensive Zoning Analysis showing compliance with all  oning Appeal case, include copy of registered decision.
Certified Plot Plan: For new structures and additions, a certified plot plan shall	be submitted after the foundation is poured and before further work commences.
DESCRIPTION OF WORK as indicated on plants	· · · · · · · · · · · · · · · · · · ·
<b>DESCRIPTION OF WORK</b> as indicated on plans:	
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1.0.760	- Investment of the second of
	plans must be submitted which shall indicate, at a minimum, existing conditions, ompliance with the Massachusetts State Building Code.
ESTIMATED COST OF CONSRUCTION	
Building	Plumbing/Gas
Electric	Plumbing/GasHVAC
Total Construction costs include all work done concurrently with the work conte electrical, air conditioning, painting, wall to wall carpeting, landscaping, site impossible construction cost. A final cost affidavit signed by the owner will be required at	provements, etc. Furnishings and portable equipment are not part of the total

## **ENERGY CONSERVATION - STRETCH CODE COMPLIANCE**

Effective July 1, 2010, the City of Cambridge has approved the Stretch Energy Code, Appendix 115.AA 780CMR. The requirements are in addition to the requirements of the most recently published edition of the ICC International Energy Conservation Code (IECC).

Please check all that are applicable -

			Rating (Ho	me Energ	y Rating Syst			garan kananga Kananga	
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	RES	NET Cert	ified HEI	RS Rater:		· ,			•
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	Addi	ress							
		• •						N. 4.	
	Pleas	e include co	py of Certi	fication of	HERS Rater.		12. 	Sec. 1	
[	ADDI ADDI	TIONS, A	ALTERA	TIONS,	RENOVAT	IONS OF	REPAIRS	A Company	
	-	•			affect building		-		
		elope insurvations, T				d Energy C	Code requiremen	nts (additions or	
		•		•	,	ich meet o	r exceed an R-v	alue of 3.5/inch	
		-		•			of insulating ma		
1	NSIILATIO	N TYPE:	Fibergla	s Sn	ray Foam	Blowr	ı in Cellulose	Other (spec	·ifv)
F	R-Value of In	sulation p	er inch _	~ ~ P	U-Valu	ue of Win	dows	Outor (spot	
1	All work requir	es a compl	eted Energ	y Star Qua	alified Homes	Thermal B	vpass Inspection	Checklist at fina	al inspection.
	*	Thi	s form is av	vailable at <u>v</u>	www.energysta	r.gov or fro	m the Building O	fficial.	<u> </u>
						ation Req	uirements by (	Component	
	Fenestration U-value <sup>5</sup>	Skylight   U-	Ceiling R-value	Walls R-value	Mass Wall R-value	Floor R-value	Basement Wall R-value	Slab R-value/Depth	Crawl Space Wall R-value
	4	value <sup>5</sup>		20 or					
	.30	1 .55	38 - R-13 cavity	13+5 <sup>1</sup>	13/17 <sup>2</sup> R-5 insulated she	30 <sup>3</sup>	10/134	10, 2 feet	10/134
		2	- Second R-v	alue applies w	hen more than half fill the cavity, R-1	the insulation	is on the interior of t	he mass wall.	:
		4	R-10 for co	ntinuous insult	ted sheathing or R-	13 cavity insul	lation at the interior or rs, Windows, and Sky		· *
			-		•			and the same of the	
С	ertificate shall not c	over or obstruc	t the visibility	of the circuit	directory label, ser	rvice disconne	ct label or other requi	in the electrical distrib red labels. The certific	cate shall be
V	valls, foundation (sla	ab, basement, v	vall, crawlspa	ce wall and/or	floor) and ducts or	utside conditio	ned spaces; U factors	ation installed in or on for fenestration and the	ne solar heat gain
С	coefficient (SHGC) o	of fenestration.	The certificat	e shall list the	types and efficience	cies of heating,	, cooling, and service	water heating equipme	ent.
			CITY	OF CAN	MBRIDGE 1	NOISE O	RDINANCE		
The Cha			_			•			3 1
	e undersigned as the name of the Can	ne Architect/( abridge Muni	Construction cipal Code o	Supervisor/concerning n	Owner for this proise control. (Car	roposed cons mbridge Munic	cipal Code available r	certify awareness at	id knowledge of
Ĭ ce	ap 8.16 of the Can	ıb <b>ri</b> dge Muni	cipal Code o	concerning n	oise control. (Car	mbridge Munic	cipal Code available t	ipon request or online)	
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units (including solar panels) require an existing building analysis by a Registered Structural Engineer for suitability of the installation.

## **CONSTRUCTION SERVICES (REQUIRED)**

Read Before Signing: The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this application to the best of his/her ability.

provisions of law and ordinance in force	e on the date of this application to the best of his/her ability.
LICENSED CONSTRUCTION SUPP	ERVISOR
Name	Phone #
Address	Cell Phone #
License Number	Expiration Date Class
Signature	Date
Email Address	
REGISTERED HOME IMPROVEM	ENT CONTRACTOR (if applicable)
	Phone #
	Cell Phone #
Address	
	Expiration Date
Signature_	DateDate
MGL c.142A. Notwithstanding this noti	not have access to the arbitration program or guaranty fund under ice, I hereby apply for a permit as the owner of the property.  Date
BUILDING OWNER OF RECORD (	Application must be signed by OWNER of Building)
Name	Phone #
Address	
	Date
Email Address	
harmless the City of Cambridge, and its actions for damages resulting from oper Cambridge, and its employees, are to as against all claims, demands and actions.	
WURKER'S COMPENSATION EM	PLOYMENT AFFIDAVIT (MGL c. 152 §25C96)

A Certificate of Insurance indicating Worker's Compensation coverage or a completed Workers Compensation Insurance Affidavit must be submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the Building Permit. Failure to secure coverage as required under Section 25A of MGL c.152 can lead to imposition of a fine of up to \$1500.00 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.

Signed Affidavit or Certificate of Insurance Attached - Yes \_\_\_\_ No \_\_\_\_

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☐ Minor interior demoli ☐ Substantial work area ☐ Exterior demolition in ☐ Substantial demolition ☐ detailed information of complease describe demolition  CONSTRUCTION DE  As result of the provisions of M	ition in work area only demolition or complete n work area only n of any structural elemedemolition must be inclusion:  CBRIS AFFIDAVIT (Margard 1985)  CBRIS AFFIDAVIT (Margard 1985)  CBRIS AFFIDAVIT (Margard 1985)	ded on construction drawings  GL c 40 §54)	It that apply  Attermination required)  In 25% of existing building —  It (proof of extermination required)  all debris resulting from the construction
Roll-Off Dumpster or Co	ontainer? YesNo	Dumpster Permit #	
	te disposal facility where		o months maximum) of the d construction activity shall be ling Permit
OFFICIAL USE	ONLY		
Department Approvals	3		The State and Wash
BZA	Date	Electrical	Date
Planning Board	Date	Plumbing	Date
Historic			Date
Fire Dept.	Date	Parking	Date
Application Approval (Subject to the provisions of	the Massachusetts State Build	ling Code 780 CMR and the Zoning	g Laws of the City of Cambridge.)
Application and Plans A	ccepted By:	Bin	Date
Zoning Approved By:			Date
Inspection Record			
		Final Inspection Made	
		Date	; By:
Certified Foundation Pla	ın submitted: Yes No		ncy issued: Yes No
Final Cost Affidavit: Yes		General Contractor F	inal Affidavit: Yes No
Architect Final Affidavit	t: Yes No	Structural Engineer F	inal Affidavit: Yes No