



Massachusetts Port Authority  
 One Harborside Drive, Suite 200S  
 East Boston, MA 02128-2090  
 Telephone (617) 568-5950  
 www.massport.com

**780 CMR 9<sup>th</sup> Edition - Permit Application & Submission Review**

Applicant: \_\_\_\_\_

MPA Project or TAA#: \_\_\_\_\_

Project Name: \_\_\_\_\_

Date Submitted to Massport: \_\_\_\_\_

<p><b>For Massport Use Only</b></p> <p>Reviewed By: _____</p> <p>Review Dates: _____</p> <p>Recommend for E-Permit Process: _____</p>
---

Complete ALL sections of checklists below (applicant shall mark each box with either- **X** = (information included) or **NA** = (not applicable)) and submit this document with completed permit application and ALL required permit submission items to Capital Programs. Upon receipt, these materials will be reviewed for completeness and accuracy. The permit submission may be made to Department of Public Safety once approved by Massport. Contact Jill Queenan ([jqueenan@massport.com](mailto:jqueenan@massport.com)) at (617)568-5928 with any questions associated with completing this document.

Permit Application Checklist				
Section	Section Topic	X or NA	For MPA Use Only	
			Reviewed	Comments
1.0	Location	<input type="checkbox"/>	<input type="checkbox"/>	
2.0	Proposed Work	<input type="checkbox"/>	<input type="checkbox"/>	
3.0	Renovation, Addition, or Change in Use (Existing Buildings Only)	<input type="checkbox"/>	<input type="checkbox"/>	
4.0	Building Height and Area	<input type="checkbox"/>	<input type="checkbox"/>	
5.0	Use Group	<input type="checkbox"/>	<input type="checkbox"/>	
6.0	Construction Type	<input type="checkbox"/>	<input type="checkbox"/>	
7.0	Site Information	<input type="checkbox"/>	<input type="checkbox"/>	
8.0	Content of Certificate of Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	
9.0	State Agency Authorization	<input type="checkbox"/>	<input type="checkbox"/>	
10.0	Construction Control	<input type="checkbox"/>	<input type="checkbox"/>	
10.1	Registered Design Professional for Construction Control	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	
11.0	Workers' Compensation Insurance Affidavit	<input type="checkbox"/>	<input type="checkbox"/>	
12.0	Construction Costs and Permit Fees	<input type="checkbox"/>	<input type="checkbox"/>	
13.0	Signature of Building Permit Applicant	<input type="checkbox"/>	<input type="checkbox"/>	
A1	Appendix 1	<input type="checkbox"/>	<input type="checkbox"/>	



A2	Appendix 2 (Demolition Only)	<input type="checkbox"/>	<input type="checkbox"/>	
----	---------------------------------	--------------------------	--------------------------	--

Permit Submission Checklist				
780 CMR Section	Submittal Item	X or NA	For MPA Use Only	
			Reviewed	Comments
107.1	(1) CD containing copies of all submittal items except for permit fee. CD to be labeled and organized per required MPA format (see below).	<input type="checkbox"/>	<input type="checkbox"/>	
105.3	Completed DPS Building Permit Application	<input type="checkbox"/>	<input type="checkbox"/>	
105.3.1	Workers' Compensation Insurance Affidavit and Policy Declaration Page	<input type="checkbox"/>	<input type="checkbox"/>	
105.3.1	Construction Debris Disposal Form	<input type="checkbox"/>	<input type="checkbox"/>	
107.6.2.1	Initial Construction Control Documents	<input type="checkbox"/>	<input type="checkbox"/>	
107.6.2.3 & 107.6.2.4	Statement of Special Inspections required by 780 CMR Chapters 17 & 35	<input type="checkbox"/>	<input type="checkbox"/>	
901.2.1.1.a	Fire Protection Narrative (8.5"x11" narrative report format)	<input type="checkbox"/>	<input type="checkbox"/>	
34.101.5.4.0	Chapter 34 Investigation & Evaluation Report (8.5"x11" narrative report format)	<input type="checkbox"/>	<input type="checkbox"/>	
107.1	(1) sets of half-size (15"x21") signed/sealed Construction Documents and Specifications	<input type="checkbox"/>	<input type="checkbox"/>	

The permit documents must be organized and submitted to Capital Programs in the order referenced in the Permit Submission Checklist above. Upon completion, this document shall be printed and placed at the top of the submission for review.

The CD must be properly labeled which includes the project name, MPA or TAA #, and submission date. The CD file folder structure must be created and labeled as shown below with the appropriate files located in each folder. If a particular folder is not applicable to the project, that folder shall still be created with no files placed in said folder.

- 1.0 Building Permit Application
- 2.0 Workers Compensation Insurance
- 3.0 Construction Debris Disposal Form
- 4.0 Initial Construction Control Documents
- 5.0 Statement of Special Inspections
- 6.0 Fire Protection Narrative
- 7.0 Chapter 34 Report
- 8.0 Construction Documents & Specs

*By signing my name below, I confirm that the building permit application and submission documents have been reviewed for completeness to the best of my knowledge and understanding.*

Applicant Signature: \_\_\_\_\_