

Town of New Ashford Residential Building Permit Application Packet

Building Commissioner: Brenda Church

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The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____	Date Applied: _____
Building Official (Print Name) _____	Signature _____
	Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors Map & Parcel Numbers	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
1.3 Zoning Information:		1.4 Property Dimensions:	
Zoning District _____	Proposed Use _____	Lot Area (sq ft) _____	Frontage (ft) _____
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required	Provided	Required	Provided
_____	_____	_____	_____
1.6 Water Supply: (M.G.L c. 40, §54)		1.7 Flood Zone Information:	
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Zone: _____	Outside Flood Zone? Check if yes <input type="checkbox"/>
		1.8 Sewage Disposal System:	
		Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____	City, State, ZIP _____
No. and Street _____	Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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

Workers Compensation Insurance affidavit 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.

Signed Affidavit Attached? Yes No

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will *not* have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____ Habitable room count _____

Number of fireplaces _____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost".

For All 1 & 2 Family Projects

The following items are considered to be **MINIMUM** information to be submitted with ALL permit applications. Please utilize this checklist to assure completeness.

A.) Scaled drawings & details shall be submitted with each application proposing construction, reconstruction, addition, alteration, or repair. The building official may waive the requirements for filing plans when the work involved is of a minor nature.

B.) Scaled drawings & details shall indicate & describe all proposed work, including location, size, grade & quality of materials & equipment to be used.

C.) PLOT PLAN

- Property address; map & lot number, zoning district & overlays (wetland, floodplain, etc.)
- Show well and septic locations (if applicable)
- Location of lot lines, dimensions of lot, frontage
- Location & dimensions of public easements, public utility easements, railroad right-of-ways, and established zoning setback requirements
- Location & dimensions of primary & accessory buildings & structures

D.) FLOOR PLANS

- Floor plan of each floor and any intermediate levels including basements, crawlspaces, terraces, porches, garages, carports, and decks
- Dimensions, location & materials of foundations, footings, columns, beams & piers (include any reinforcing)
- Direction, dimensions, spacing, species & grade of all framing members (floors, roofs, wall, partitions)
- Location of all walls, partitions, windows, stairs & doors
- Location & description of all electrical equipment and alarm services
- Location & type of all heating and air conditioning (HVAC) equipment
- HVAC schematics (check with building inspector - forward manufacturer's installation instructions to inspector before installing equipment)

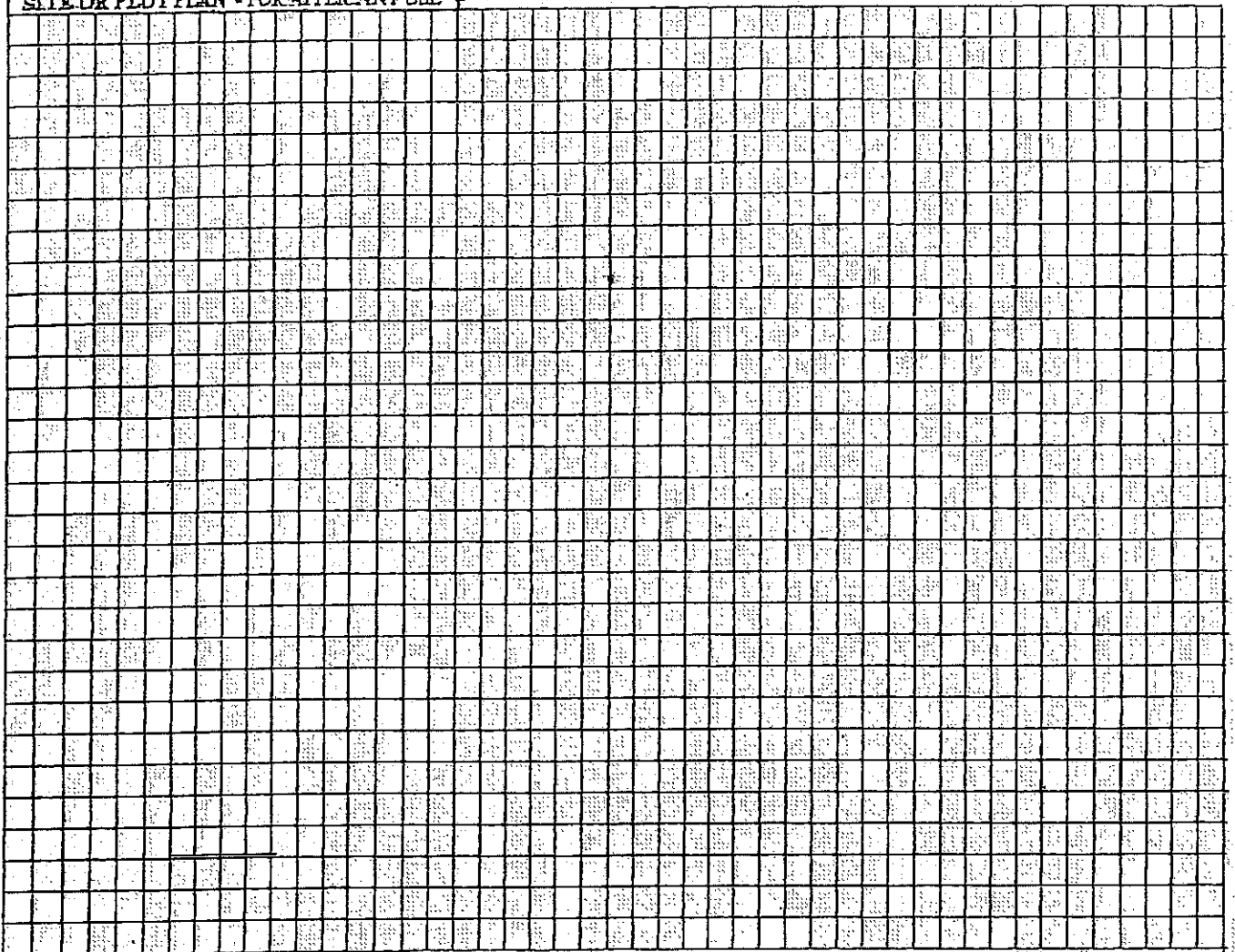
E.) EXTERIOR ELEVATIONS

- Front, rear & side elevations including foundation depth and finished grades
- Location & dimensions of windows & doors (attach window/ door schedule)
- Description of exterior cladding or siding material
- Show exterior stair locations & dimensions
- Show chimney and vent locations

F.) DETAILS & SECTIONS

- Sections through exterior walls showing details of construction from footing to the highest point of the building
- Sections through shafts, landings & stairs (include framing details, tread, riser, headroom)
- Describe location & dimensions of handrails & guardrails
- Sections through fireplaces & chimneys (show dimensions and clearances)
- Location & details of any roof trusses, glu-lam, or engineered lumber (include connection & bracing details and Mass. professionals stamp on specification sheet)
- Exterior envelope energy requirements: U_o - of the walls, roof/ ceiling & floors, OR R - of walls/ roof/ floor, also percent of windows to walls

SITE OR PLOT PLAN - FOR APPLICANT USE



NOT TO BE FILLED IN BY APPLICANT

CONSERVATION COMMITTEE _____

REASON _____

PLANNING BOARD _____

BOARD OF APPEALS
SENT TO BOARD _____ 20_____
DATE OF HEARING _____ 20_____

GRANTED WITHDRAWN REFUSED
SIGNATURE: _____
BOA _____

SITE PLAN:
Show All Structures and Work Area, Set
Backs to Property Lines



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 #: _____

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. I am a homeowner doing all work myself. [No workers' comp. insurance required.]†
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
- 6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

CONSTRUCTION DEBRIS AFFIDAVIT

(For all Demolition and Renovation work)

In accordance with the provisions of MGL Chapter 40, Section 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL Chapter 111, Section 150A.

The debris will be disposed of in:

Location of facility

The debris will be transported by:

Name of Hauler

Signature of Permit Applicant

Date

Attention all Contractors

The Massachusetts Department of
Environmental Protection (D.E.P.)

Must Be Notified Prior to Demolition and
Construction.

All Asbestos Must be Removed Before
Demolition and Renovation.

For Information and Permit Applications
Contact the Springfield D.E.P. Office at:

(413) 784-1100 Ext. 2210/Robert Schultz
(413) 755-2145/Brian Bordeaux