

BUILDING PERMIT REVIEW

IF YOU ARE BUILDING A NEW HOME OR ACCESSORY STRUCTURE, ADDING ROOMS TO YOUR HOME OR CHANGING THE FOOTPRINT OF YOUR HOME, YOUR PLANS MUST BE REVIEWED BY THE BUILDING DEPARTMENT, THE BOARD OF HEALTH AND THE CONSERVATION COMMISSION.

THE REVIEW PROCESS WILL BE COMPLETED WITHIN **THIRTY** DAYS FROM THE DATE THE PERMIT APPLICATION IS RECEIVED. **PLEASE** DO NOT CALL THE BUILDING DEPARTMENT REGARDING THE STATUS OF YOUR APPLICATION DURING THIS REVIEW PROCESS. WE WILL CONTACT YOU WHEN YOUR PERMIT IS READY OR FURTHER INFORMATION IS NEEDED.

Address of Subject Property: _____

BUILDING DEPARTMENT: 781-545-8716

BOARD OF HEALTH: 781-545-8725

CONSERVATION COMMISSION: 781-545-8721

IF THIS FORM IS RETURNED TO YOU, YOU MUST CONTACT THE DEPARTMENT/S REQUESTING INFORMATION, **DIRECTLY**. AFTER YOUR COPY OF THIS FORM IS "SIGNED-OFF" BY THE DEPARTMENT/S REQUESTING INFORMATION, YOU MAY RETURN IT TO THE BUILDING DEPARTMENT TO RECEIVE YOUR BUILDING PERMIT.



The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR, 7th edition
 Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
 Building Commissioner/ Inspector of Buildings 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		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54) Public Private **1.7 Flood Zone Information:** Zone: _____ Outside Flood Zone? Check if yes **1.8 Sewage Disposal System:** Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
 Name (Print) _____ Address for Service: _____
 Signature _____ Telephone _____

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

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs:	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:	\$ _____	



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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*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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: _____

ENERGY CONSERVATION APPLICATION FORM FOR ENERGY EFFICIENCY FOR ONE- AND TWO-FAMILY DETACHED RESIDENTIAL CONSTRUCTION (780 CMR 61.00)

Applicant Name: _____ Site Address: _____
print

Applicant Phone: _____ Town: _____

Applicant Signature: _____ Date of Application: _____

NEW CONSTRUCTION: (choose ONE of the following two options)									
780 CMR TABLE 6107.1 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA FOR NEW ONE- AND TWO-FAMILY BUILDINGS									
<input type="checkbox"/> Option 1:	MAXIMUM	MINIMUM							
	Fenestration U-factor	Ceiling or exposed floors R-Value	Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab Perimeter R-Value and Depth	AFUE	HSPF	SEER
	.35	R-38	R-19	R-19	R-10	R-10, 4 ft.	National Appliance Energy Conservation Act (NAECA) of 1987 as amended, minimums or greater as applicable		
<input type="checkbox"/> Option 2:	Note: This form is not required if you choose either of the two versions of REScheck as listed below.								
	√	REScheck Version 4.1.2 or later variant software analysis must be completed (780 CMR 6107.3.2)							
	√	REScheck-Web which can be accessed at http://www.energycodes.gov/rescheck/							

ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD*						
*Buildings under 5 years old must use option #1 or #2 in New Construction section above.						
Complete the following formula to determine the % of glazing:						
(a) Gross Wall & Ceiling Area equals _____ SF	Formula: $(100 \times b \div a)$					
(b) Glazing area equals _____ SF	$100 \times \frac{\quad}{b} \div \frac{\quad}{a} = \quad \% \text{ of glazing}$					
If glazing is $\leq 40\%$ use the chart below. If glazing is $> 40\%$ proceed to "SUNROOM" section						
780 CMR TABLE 6101.3 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING LOW-RISE RESIDENTIAL BUILDINGS						
<input type="checkbox"/>	MAXIMUM	MINIMUM				
	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet
a	R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed over exterior walls, and including any access openings).					
<input type="checkbox"/>	SUNROOM – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition. Note: Owner to fill out Consumer Information Form (found in Appendix 120.P)					