

STORM REPAIR APPLICATION

IF YOU ARE APPLYING FOR A BUILDING PERMIT TO REPAIR A FLOOD-DAMAGED HOME OR ACCESSORY BUILDING IN THE FEDERAL FLOODPLAIN, PLEASE BE ADVISED THAT IF YOUR NFIP DAMAGE CLAIM SETTLEMENT MINUS CONTENTS EXCEEDS 50% OF THE APPRAISED VALUE OF THE STRUCTURE, PRIOR TO THE DAMAGE YOU ARE REQUIRED TO ELEVATE THE DAMAGED STRUCTURE IN ACCORDANCE WITH THE CURRENT STATE BUILDING CODE.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ THE PRECEDING STATEMENT AND UNDERSTAND THAT IF MY NFIP FLOOD DAMAGE CLAIM SETTLEMENT MINUS CONTENTS EXCEEDS 50% OF THE APPRAISED VALUE AS SHOWN BELOW, I WILL BE REQUIRED TO ELEVATE THE STRUCTURE IN ACCORDANCE WITH THE STATE BUILDING CODE.

OWNER SIGNATURE:

DATE:

BUILDING DEPARTMENT: 781-545-8716

BOARD OF HEALTH: 781-545-8725

CONSERVATION COMMISSION: 781-545-8721

ADDRESS OF SUBJECT PROPERTY: _____

APPRAISED VALUE OF DAMAGED STRUCTURE: _____

DAMAGE CLAIM SETTLEMENT MINUS CONTENTS: _____



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: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: 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 <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: 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) _____ Address for Service: _____
Signature _____ Telephone _____

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:	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 #: _____

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*	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.†	6. <input type="checkbox"/> New construction
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.]	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.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]†		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> 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 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

Town: _____

Applicant Phone: _____

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"/> <u>Option 1:</u>	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		

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

(b) Glazing area equals _____ SF

Formula: $(100 \times b \div a)$

$100 \times \frac{\text{_____}}{b} \div \frac{\text{_____}}{a} = \text{_____ \% of glazing}$

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).

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)