



The Commonwealth of Massachusetts  
Mass. State Building Code, 780 C.M.R./ 2009 IBC

**SALISBURY COMMERCIAL BUILDING PERMIT APPLICATION**

Building Permit App for any Building other than a One or Two Family Dwelling

**SECTION 1 : PROJECT LOCATION/ADDRESS**

Salisbury, MA 01952

No. & Street

City/Town

Map/Lot

**SECTION 2: PROPOSED SCOPE OF WORK**

Description of Work

**SECTION 3 : PROPOSED BUILDING USE & TYPE**

Work Type

Use Group

Construction Type

**SECTION 4: EXISTING BUILDING USE & TYPE**

An IEBC (Existing Building) Review may be Required - Check with the Building Inspector

Use Group

Construction Type

**SECTION 5 : BUILDING HEIGHT AND AREA**

No. of Floors (incl Bsmt)/Area per Floor

Existing

Proposed

Total Area/Height

Existing

Proposed

**SECTION 6 : SITE INFORMATION**

Water Supply

Sewage Disposal

Flood Zone

Provide Owner Info

**SECTION 7 : OWNER INFORMATION & AUTHORIZATION**

Name

Phone

Email

No. & Street

Town/City

Zip

If Applicable, the **Property Owner** hereby **authorizes** the following to act as **Agent** on their behalf;

Name

Phone

Email

No. & Street

Town/City

Zip

**SECTION 8 : CONSTRUCTION CONTROL**

If a Building is less than 35,000 cubic ft. or not under Construction Control, check here :

**10.1 REGISTERED DESIGN PROFESSIONAL for CONSTRUCTION CONTROL**

Name

Phone

Email

No. & Street

Town/City

Zip

Registration #

Discipline

Expiration

**10.2 GENERAL CONTRACTOR**

Name

Phone

Email

No. & Street

Town/City

Zip

License #

License Type

Expiration

Required for  
Construction Control  
Projects

**SECTION 9 : REGISTERED DESIGN PROFESSIONAL CONTACT INFORMATION**

Name	Phone	Email
Registration #	Discipline	Expiration
Name	Phone	Email
Registration #	Discipline	Expiration
Name	Phone	Email
Registration #	Discipline	Expiration
Name	Phone	Email
Registration #	Discipline	Expiration

**SECTION 10 : WORKER'S COMPENATION INSURANCE AFFIDAVIT**

A Worker's Compensation Affidavit from the Mass. Department of Industrial Accidents must be filled out and submitted with this Application. Failure to provide the Affidavit with this Application will result in the denial of the issuance of a permit for this work. *Check here if an Affidavit will be provided.*

**SECTION 11 : CERTIFICATE OF OCCUPANCY**

Required	Sprinkled	Occ. Load	Special Stipulations
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**SECTION 12 : CONSTRUCTION COSTS & PERMIT FEES**

<b>Provide a Contract to Verify Costs</b>	<b>Est. Cost (Value)</b>	<b>Fee Schedule</b>	<b>Check One</b>
Building		Minimum Fee = \$100	
Electrical		Major Construction, Demolition = \$12/\$1000 of construction value	
Plumbing		Minor Construction = \$12/\$1000 of construction value	
Mechanical		Solar, Mechanicals, Fire Systems = \$15/\$1000 of value	
Fire Protection			
Total Value		Make checks payable to: Town of Salisbury	<b>FEE</b> <input type="text"/>

**SECTION 13 : APPLICANT SIGNATURE & DECLARATION**

*I hereby attest, under pains and penalties of perjury, that all of the information contained within this application is true and accurate to the best of my knowledge.*

Signature	Printed	Date
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**SECTION 14 : BUILDING INSPECTOR APPROVAL**

Signature	Scott Vandewalle	Date	Permit #
	Printed		

**SECTION 15 : DEPARTMENTAL REVIEW COMPLETED**

Zoning <input type="text"/>	Conservation <input type="text"/>	Planning <input type="text"/>	Treasurer <input type="text"/>
Health <input type="text"/>	DPW <input type="text"/>	Assessor <input type="text"/>	

## TOWN OF SALISBURY

### DEBRIS DISPOSAL AFFIDAVIT

In accordance with the provisions of MGL C40, S54, a condition of your Building Permit is that the debris resulting from this work **shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, S150A.**

Address of Project/Construction site: \_\_\_\_\_

**Disposal Firm/Dumpster Company:**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*OR*



Debris will be taken to: \_\_\_\_\_

\_\_\_\_\_  
Name of Solid Waste Facility

Address: \_\_\_\_\_

**\*\*\*All Debris to be disposed of at a licensed facility\*\*\***

**Signature of Applicant** \_\_\_\_\_

Date \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

Applicant must  
Fill Out all Boxes

**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 a 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 #: \_\_\_\_\_

Applicant must sign  
the hard copy

**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 #: \_\_\_\_\_

# **PERMITS**

**If you are done; do the following**

1. **TYPE** in **ALL** Information in the correct boxes (except signatures)
2. **PRINT** using the **PRINT** button on the this Page
3. **EMAIL** us a Copy for Our Records using the **EMAIL** button on the this Page
4. **PAYMENT** – Credit Card or Check at our office.
5. **BRING** the PAPER COPY to Town Hall

## **WARNING**

***You must collect Assessor & Tax Collector Signatures on the Paper Copy***

***No Email = No Permit***

# BUILDING PERMIT CLEARANCE FORM

TOWN OF SALISBURY

Prior to the Issuance of any Permit/License, the **Applicant** must obtain sign-offs from the following Departments as applicable and/or determined by the Building Inspector

Property Owner: \_\_\_\_\_

Project Address: \_\_\_\_\_

## REQUIRED SIGNATURES FOR ALL PERMIT APPLICATIONS



**Assessor**

Date : \_\_\_\_\_



**Treasurer/Collector**

Date : \_\_\_\_\_

## REQUIRED SIGNATURES BASED UPON NATURE OF WORK

(Exceptions include roofing, doors/windows, siding, stoves/inserts and minor work, see Building Inspector)



**Conservation**

Date : \_\_\_\_\_

(Required if ground is to be touched or disturbed by project)



**Fire Department**

Date : \_\_\_\_\_

(Required for new structures, additions and interior layout changes)



**Health Dept.**

Date : \_\_\_\_\_

(Required for all projects with septic or health code matters)



**Planning Dept.**

Date : \_\_\_\_\_



**DPW**

Date : \_\_\_\_\_

(See DPW @ 39 Lafayette Rd)



**Water**

Date : \_\_\_\_\_

(See DPW @ 39 Lafayette Rd)



**Sewer**

Date : \_\_\_\_\_

(See DPW @ 39 Lafayette Rd)

## OCCUPANCY PERMIT REQUIRED (an additional fee will be charged)



YES



NO

For official use only

Assessor's Map # \_\_\_\_\_ / Lot# \_\_\_\_\_

Land Area \_\_\_\_\_

New Lot - Yes \_\_\_\_\_ / No \_\_\_\_\_

Frontage \_\_\_\_\_

Split from Map# \_\_\_\_\_ / Lot # \_\_\_\_\_ Effective FY \_\_\_\_\_