

RESIDENTIAL



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

Salisbury



Rev. Dec. 2015

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Scott Vandewalle, Building Inspector _____
Building Official (Print Name) Signature Date

SECTION 1 : SITE INFORMATION

1.1 Property Address: _____
1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers
Map Number _____ Parcel Number _____

1.3 Zoning Information:
Zoning District _____ Proposed Use _____

1.4 Property Dimensions:
Lot Area (sq ft) _____ Frontage (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) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

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

New Dwelling Existing Alteration Accessory Bldg Addition Minor Work Solar

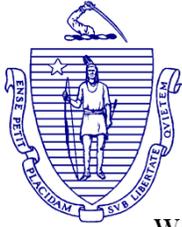
Demolish Structure Sprinkler/Fire Alarm Sheet Metal/Mechanical Other Specify: _____

Brief Description of Proposed Work²:

SECTION (4): ESTIMATED CONSTRUCTION VALUE

Item	Estimated Costs. (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Fee Schedule (x multiplier) _____ x _____ 2. Cert. of Occupancy \$ _____ 3. Penalties \$ _____ Total 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:	\$ _____	

Fill in Your Costs



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 #: _____

Homeowner Warning Notice

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

As a homeowner acting as your own contractor:

- You will be **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Bylaws.
- You **must** supervise all work.
- You **must** call the Bldg. Dept. to **schedule all required building inspections.**
- You **must be present** for all the building inspections.
- You have **waived** all rights to the Massachusetts Guaranty Fund.
- You are the **General Contractor** of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Workers' Compensation Insurance.
- Failure to carry Workers' Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c.152 § 25)

This warning has been assembled because we have found that a majority of those citizens who act as their own contractor are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its implications.

Signature _____ Date _____

SALISBURY, MASSACHUSETTS
Construction Supervisor License (CSL)
Exemption
Supplement to Permit Application

DATE SUBMITTED _____

JOB LOCATION _____

HOMEOWNER'S NAME _____

HOMEOWNER'S MAILING ADDRESS _____

HOME PHONE NO. _____ WORK PHONE _____

The licensing exemption for “homeowners” is intended to include owner-occupied one or two-family dwellings and to allow such homeowners to engage an individual for hire that does not possess a license, provided that the owner acts as supervisor.

STATE BUILDING CODE DEFINITION OF HOMEOWNER:

“Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit.”

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the Town of Salisbury Inspections minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

Homeowner's Signature _____ Date: _____

SALISBURY, MASSACHUSETTS
Home Improvement Contractor Registration
Supplement to Permit Application

MGL 142A requires that the “reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal or demolition or the construction of an addition to any pre-existing owner-occupied building containing at least one, but not more than four dwelling units, which building or portion thereof is used or designed to be used as a residence or dwelling unit, or to structures which are adjacent to such residence or building” be done by registered contractors with certain exceptions.

TYPE OF WORK _____ EST. COST _____

ADDRESS OF WORK: _____

OWNER NAME: (PRINT) _____

DATE OF PERMIT APPLICATION: _____

I hereby certify that:

Registration is not required for the following reasons:

- Work excluded by law
- Job under \$1000.00
- Building not owner-occupied
- Owner pulling own permit
- Other (Specify) _

Notice is hereby given that:

Owners pulling their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent for the owner:

DATE CONTRACTOR’S SIGNATURE REGISTRATION #

OR:

Notwithstanding the above notice I hereby apply for a permit as the owner of the above property:

DATE OWNER’S SIGNATURE

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 _____

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

Ask if you Need one of these signed off too !

For official use only

Assessor's Map # _____ / Lot# _____

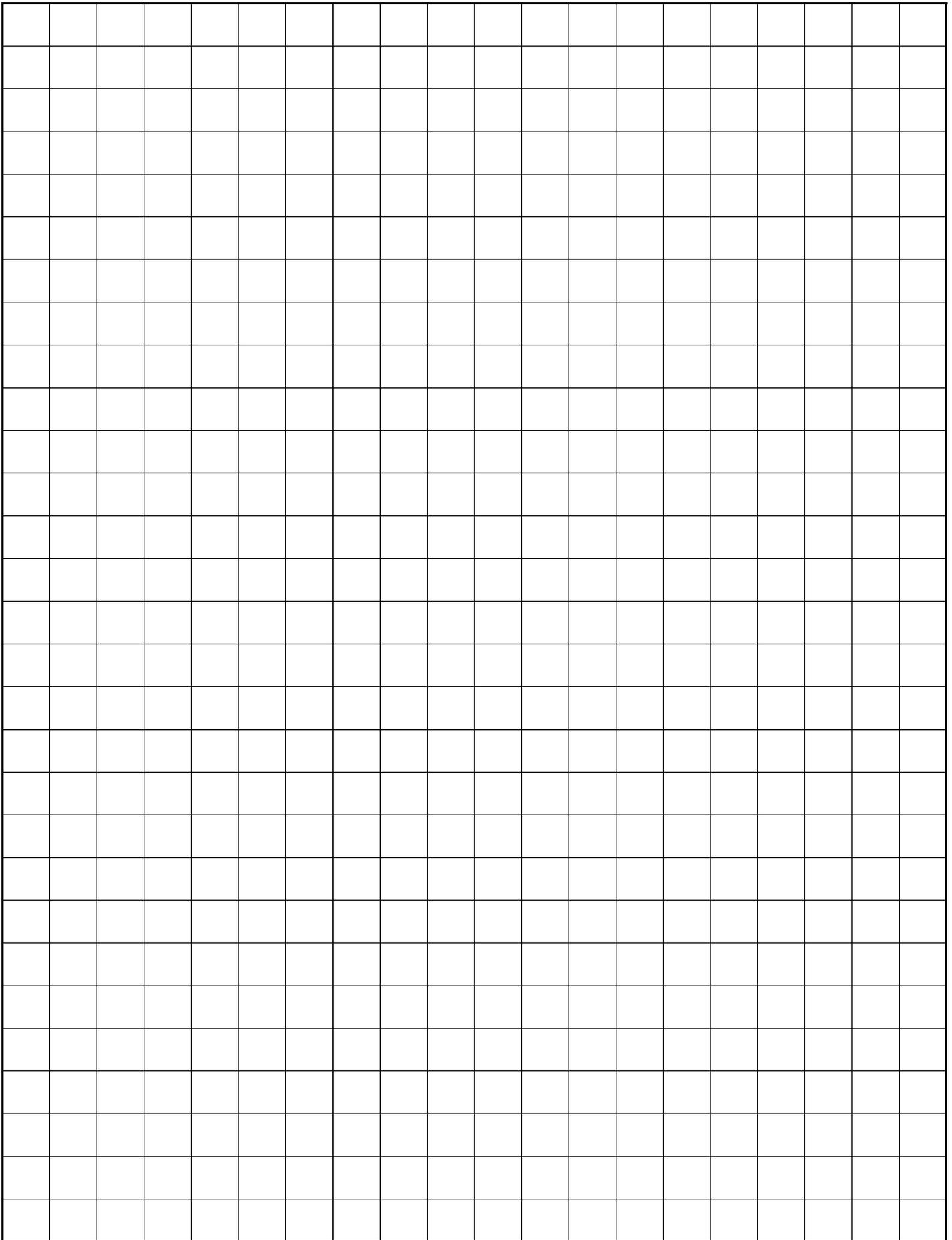
Land Area _____

New Lot - Yes _____ / No _____

Frontage _____

Split from Map# _____ / Lot # _____ Effective FY _____

Please Sketch out Your Project



PERMIT APPLICATION REVIEW

These are the ADDITIONAL requirements to complete an Application

Failure to provide these will result in rejection of your application

REQUIRED ATTACHMENTS

- Copy of CSL & HIC Licenses
- Insurance Certificate
- Copy of Contract w/Homeowner

DOCUMENTS (where applicable)

- Property Survey, wet-stamped by Licensed Engineer
(must show set backs, location of all structures, new & existing)
- ResCheck (for new homes & additions)
- Clarification of Flood Zone Status (if applicable)
* property survey must show FEMA/Flood elevation info
- Conservation Commission Approval Letter
- Letter from Property Owner/Approval to Act on Behalf

OTHER _____

CONSTRUCTION PLANS (provide 3 sets)

- Construction Plans must include the following;
 - project address, code book on all sheets
- * **plan view**, with perimeter dimensions
- * **elevations** (all sides)
- * **interior floor plans** (all levels incl. basement and attic)
 - show Smoke Detectors, CO Detectors in proper location
- * **foundation plans** (show details to be used)
- * **framing plans** (for each level, show details to be used)
 - framing plans must show braced wall lines
- * **engineered lumber calculations** (wet-stamped by Engineer)
 - this includes LVLs, trusses, paralams, AJ's, etc.
- * **detailed Section thru structure**
 - must show thermal envelope, insulation details clearly
- * **details** (as needed to show conformance to applicable codes)

Elevation Details for Flood Zone/FEMA (if applicable)

Fire Dept. approval Stamp on all (3) sets is Required

OTHER _____

New Homes, Additions, or ReArranged spaces need (4) sets of drawings

1 set for Assessor;
1 set for Fire Dept.
1 set for Building and
1 set returned to Applicant

* Construction Plans do not apply to permits for roofing, siding, doors & windows