# PERMIT APPLICATIONS

## *You must do the following;*

1. **TYPE** in ALL required information
2. **SAVE** yourself a Copy (in case you need to make corrections)
3. **PRINT** a paper copy to submit to our Office
4. **EMAIL** a copy for our records (no email = no permit)
5. **BRING** the paper copy to Town Hall (get your signatures @ Tax Collector and Assessor)
6. **PAYMENT** – Bring a Check, Exact Cash or use our Credit Card Machine

| STEP 1 | STEP 2 | OPTIONAL |
|---|---|---|
| PRINT | EMAIL | SAVE |

**PROBLEMS ?**

1. Update your Browser via the settings
2. Or . . . Save as a PDF, then send via normal email
3. Or . . . Download Adobe Reader (free) and work in that
4. Or . . . Come to our Office and use the Desk Terminal
5. If we have to enter it for you, we charge $15

Get Adobe® Reader®

# 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: 08/02/2016

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

Don't Forget !

## SECTION 1 : SITE INFORMATION

Get from Assessor

**1.1 Property Address:**

**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)~~

**1.5 Building Setbacks (ft)**

| ~~Front Yard~~ | | ~~Side Yards~~ | | ~~Rear Yard~~ | |
|---|---|---|---|---|---|
| ~~Required~~ | ~~Provided~~ | ~~Required~~ | ~~Provided~~ | ~~Required~~ | ~~Provided~~ |
| | | | | | |

Check one

**1.6 Water Supply:** (M.G.L c. 40, § 54)
~~Public ☐~~ ~~Private ☐~~

Flood Zone?
YES ~~Outside Zone? Check ☐~~ NO

**1.8 Sewage Disposal System:**
~~Municipal ☐~~ ~~On site disposal system ☐~~

## SECTION (2): PROPERTY OWNERSHIP[1]

**2.1 Owner[1] of Record:**
Name (Print) | City, State, ZIP
No. and Street | Telephone | Email Address

Check One

## SECTION (3): DESCRIPTION OF PROPOSED WORK[2] (check all that apply)

| | | | | |
|---|---|---|---|---|
| New Dwelling ☐ | Existing Alteration ☐ | Accessory Bldg ☐ | Addition ☐ | Minor None |
| Demolish Structure ☐ | Sprinkler/Fire Alarm ☐ | DECK ☐ | Other None | |

Brief Description of Proposed Work[2]:

## SECTION (4): ESTIMATED CONSTRUCTION VALUE

Fill in Your Cost Value, incl Labor

| | Estimated Costs: (Labor and Materials) |
|---|---|
| 1. Building | $ |
| 2. Electrical | $ |
| 3. Plumbing | $ |
| 4. Mechanical (HVAC) | $ |
| 5. Mechanical (Fire Suppression) | $ |
| 6. **Total Project Cost**: | $ $ 0 |

**Official Use Only**

1. Building Permit Fee: $_____ Indicate how fee is determined:
   ☐ Fee Schedule (x multiplier) _____x_____
2. Cert. of Occupancy $ _____
3. Penalties $ _____

Total Fees: $_____
Check No. Check Amount: Cash Amount:

☐ Paid in Full ☐ Outstanding Balance Due:_____

REQUIRED

Are you applying as the Owner or Contractor? Owner

Applicant Email

For All Licensed Contractors

## SECTION (5): CONSTRUCTION LICENSES & REGISTRATIONS

**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone Email address

CSL 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 |

Provide Copies of License's

**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)

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.

_____ _____ Date

Owner signs when using a Contractor

## SECTION (7b): OWNER[1] *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.

_____ _____ Date

Permit Applicant Signs - Owner or Contractor

## 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"

*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 must fill in all boxes

**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.]

Select one of each

**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 N/A

*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: Salisbury, MA 01952

**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 #:

All Applicants must sign paper copy

***nly. Do not write in this area, to be completed by city or town official.***

**City or Town:** Salisbury, MA 01952 **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:** Scott Vandewalle, B.I. **Phone #:** 978-462-7839

For all Applicants

# 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*****

Sign paper copy

Signature of Applicant _____

Date _____

To Print & Sign Only

# 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, MA 01952 _____

Homeowner

For Homeowners getting the Permit ONLY

**SALISBURY, MASSACHUSETTS**

# Construction Supervisor License (CSL) Exemption

Supplement to Permit Application

DATE SUBMITTED 08/02/2016

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: _____

Homeowner, sign paper copy

PRINT only for Applicants to get Signatures

# 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***

Get Signed First

☑ **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 LEGIBLY Sketch out Your Project

PRINT only Checklist

Failure to provide these will result in rejection of your application

# PERMIT APPLICATION REVIEW

**These are the ADDITIONAL requirements to complete an 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** _____

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

CLOSE