



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

Applicant must check correct boxes

**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

**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 _____

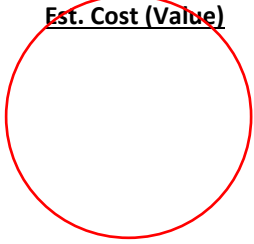
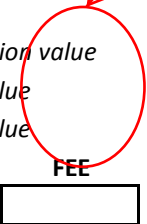
**SECTION 10 : WORKER'S COMPENATION INSURANCE AFFIDAVIT**

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>Building</b>	<b>Est. Cost (Value)</b>	<b>Fee Schedule</b>	
<b>Electrical</b>		<i>Minimum Fee = \$100</i>	
<b>Plumbing</b>		<i>Major Construction, Demolition = \$12/\$1000 of construction value</i>	
<b>Mechanical</b>		<i>Minor Construction = \$12/\$1000 of construction value</i>	
<b>Fire Protection</b>		<i>Solar, Mechanicals, Fire Systems = \$15/\$1000 of value</i>	
<b>Total Value</b>		Make checks payable to: Town of Salisbury	

Check One

Applicant to Sign Copy

**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 _____	Printed _____	Date _____	Permit # _____
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**SECTION 15 : DEPARTMENTAL REVIEW COMPLETED**

Zoning <input style="width:80px;" type="text"/>	Conservation <input style="width:80px;" type="text"/>	Planning <input style="width:80px;" type="text"/>	Treasurer <input style="width:80px;" type="text"/>
Health <input style="width:80px;" type="text"/>	DPW <input style="width:80px;" type="text"/>	Assessor <input style="width:80px;" 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 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 #: \_\_\_\_\_

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 \_\_\_\_\_