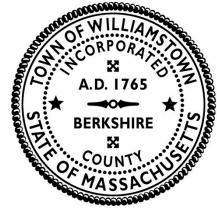


Town of Williamstown

*Department of Inspection Services
31 North Street
Williamstown, Massachusetts 01267
413-458-9344*



Building Permit Application Package - One and Two Family Dwellings

INSTRUCTIONS:

In this document is the application package for the renovation, alteration, repair, or new construction of One or Two Family Residential Dwellings.

The forms in this package must be completed as follows:

- Massachusetts Uniform Application for 1 & 2 Family Dwelling Building Permit (7th ed):
Completed form required for all applications.
- Solid Waste Affidavit:
Massachusetts General Law Ch40, Sect. 54 requires this form be completed with all building permit applications.
- Worker's Compensation Affidavit:
The Massachusetts Department of Industrial Accidents requires this form be completed with all building permit applications.
- Energy Conservation Application:
This form is required if the building is mechanically heated or cooled.
- Any Building Permit Application that proposes to change the footprint of a building shall also include a plot plan showing the existing and proposed building footprint and the distances from the footprint to the property lines.

Always remember, when applying for a building permit please assure that all information provided is complete and accurate. This helps to ensure that the permitting process is quick and efficient.



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

FOR MUNICIPALITY USE
 Revised January 1, 2008

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 _____	
1.1 a 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 Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	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:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL) Name of CSL- Holder _____ Address _____ Signature _____ Telephone _____	License Number _____	Expiration Date _____
	List CSL Type (see below) _____	
	Type	Description
	U	Unrestricted (up to 35,000 Cu. Ft.)
	R	Restricted 1&2 Family Dwelling
	M	Masonry Only
	RC	Residential Roofing Covering
WS	Residential Window and Siding	
SF	Residential Solid Fuel Burning Appliance Installation	
D	Residential Demolition	

5.2 Registered Home Improvement Contractor (HIC) HIC Company Name or HIC Registrant Name _____ Address _____ Signature _____ Telephone _____	Registration Number _____ Expiration Date _____
--	--

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 FOR BUILDING PERMIT

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.

Signature of Owner Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

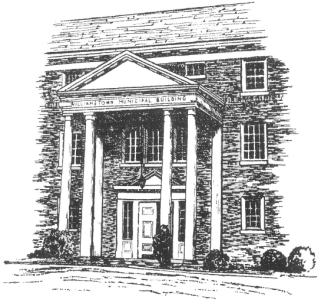
I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name

Signature of Owner or Authorized Agent Date
(Signed under the pains and penalties of perjury)

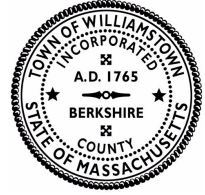
NOTES:

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. When substantial work is planned, provide the information below:
Total floors 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"



Town of Williamstown

*Department of Inspection Services
31 North Street
Williamstown, Massachusetts 01267*



Michael Card, Building Commissioner
Mcard@williamstown.net
Phone/Fax: 413-458-9344

SOLID WASTE AFFIDAVIT

FOR:

Property Location

In accordance with the provisions of Massachusetts General Law Chapter 40, Section 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed on in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Chapter 111, Section 150A.

The debris will be disposed of at:

Name and Location of Facility

Signature of Permit Applicant

Date



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:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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.‡</p> <p>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.]</p> |
|--|--|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

**ENERGY CONSERVATION APPLICATION FORM FOR
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS
780 CMR Appendix J**

Applicant Name: _____ Site Address: _____
 Applicant Address: _____ City/Town: _____
 _____ Use Group: _____
 _____ Date of Application: _____
 Applicant Phone: _____ Applicant Signature: _____

Compliance Path (check one):

Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)

Package (A through KK from Table J5.2.1b): _____ Heating Degree Days (HDD₆₅) from Table J5.2.1a: _____

(For items d. through i., fill in all values that apply from Table J5.2.1b:)

a. Gross Wall Area	_____sq.ft	f. Wall R-value	<u>R-</u> _____
b. Glazing Area ¹	_____sq.ft.	g. Floor R-value	<u>R-</u> _____
c. Glazing % (100 x b ÷ a)	_____%	h. Basement wall	<u>R-</u> _____
d. Glazing U-value	<u>U-</u> _____	i. Slab Perimeter	<u>R-</u> _____
e. Ceiling R-value	<u>R-</u> _____	j. Heating AFUE	_____

Component Performance: “Manual Trade-Off” (Limited to wood or metal framed buildings only)

Climate Zone (from Figure J6.2.2) Zone 12 Zone 13 Zone 14

Attach *Trade-Off Worksheet* from Appendix J, [and *HVAC Trade-Off Worksheet*, if applicable]

MAScheck Software

Attach *Compliance Report* and *Inspection Checklist* printouts

Home Energy Rating System Evaluation

Attach Home Energy Rating Certificate (HERS rating score must be 83 or higher)

Systems Analysis **OR** **Renewable Energy Sources**

Attach Mass Registered Architect or Engineer Analysis

ALTERNATIVE FOR ADDITIONS ONLY:

a. Gross Wall + Ceiling Area _____sq.ft. b. Glazing Area¹ _____sq.ft. c. Glazing % (100 x b ÷ a) _____%

ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1.1.2.3.1 below:

MAXIMUM U-value	MINIMUM R-Values				
Fenestration ²	Ceiling ³	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39 ²	R-37	R-13	R-19	R-10	R-10, 4 ft

- 1 Glazing Area may be either Rough Opening or Unit dimensions.
- 2 Based on NFRC listing. Applies either to every unit, or to area-weighted average of all units.
- 3 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” addition (greater than 40% glazing-to-wall and ceiling gross area)

Attach “Consumer Information Form” from 780 CMR Appendix B.

Official’s Name: _____ Official’s Signature: _____

Application Approved Denied Date of Approval/Denial: _____

Reason(s) for Denial: (provide additional details as needed on back side)