

Franklin County Cooperative Inspection Program---County Courthouse, 425 Main St., Ste. 25,
Greenfield, MA, 01301-3393

(413) 772-2026 Fax: (413) 773-0896 Website: www.fccip.org

Ashfield Bernardston Buckland Charlemont Conway Erving Gill Hawley Heath Leverett Leyden
Shelburne Shutesbury Whately

Form
1

1 And 2 Family Dwelling
New Construction

Permit #: _____

Fee: _____

Note: This application is for NEW single or two family homes and their accessory structures if built in conjunction with the dwelling.

Date: _____ Assessor's Map#: _____ Lot #: _____ Use Group: R-4 Const.Type(other than 5b) _____

Zoning District _____ Flood zone: yes ___ no ___

Town _____ Site Address _____

Owner's Name: _____ Mailing Address: _____

Owner's telephone #: (H)(____) _____ (W)(____) _____ (Cell)(____) _____

Estimated Cost: _____ Sq. Ft. Living Space: _____ Sq. Ft. Other Space : _____

Total # of Bedrooms: _____ Water Supply: well ___ town ___ Septic System: private ___ town ___

Explanation of work: (Please add any accessory structures, decks, porches, woodstoves, etc.)

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR.

Print Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent

Date

NOTE: If contractor signs as authorized agent, he/she must provide a signed contract by the owner or a letter of authorization from the owner

Will a contractor be responsible for this project?

___ YES (Contractor must complete **Contractor Information** below and **Workman Compensation Affidavit**)

___ NO (Skip contractor affidavit and fill out **homeowner's exemption at bottom of page 2**)

Contractor Information

Name (Please Print) _____ Contractor Address _____

Cont. Tele# _____ Fax _____ E-Mail _____ Town _____

CSL# _____ Expiration Date _____

Contractor Signature

Date

HOMEOWNER'S LICENSE EXEMPTION

(This portion is to be completed by homeowner assuming responsibility for proposed project. Fill this section out only if there is not a contractor taking responsibility for the job. Note: The homeowner cannot take responsibility for a modular home unless he/she has a contractor supervisor license)

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." (Section 108.3.5) The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR;** the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS.**

Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code. **NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE: MGL c.142A** is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORS**. This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions.

NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c.142A. Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

HOMEOWNER'S SIGNATURE: _____ DATE _____

SITE ADDRESS _____

Signatures of Local Compliance:

*The following signatures must be obtained **BEFORE** submitting this application:*

Fire Chief: _____ Date _____
(Signature confirms receipt of appropriate building plans)

Board of Health: _____ Date _____
(Approval of septic system and well)

Conservation Commission: _____ Date _____
(Approval of site work regarding wetlands)

Highway Department: _____ Date _____
(Approval of curb cut for driveway)

Inspector of Buildings: _____ Date _____

Site Plan: Use this checklist to insure that your site plan will be accepted:

- ___ Prepared by a Massachusetts' certified surveyor or engineer (in the field of surveying)
- ___ Has a stamp from surveyor or engineer
- ___ There is a reference made to the original recorded survey noted on the plan
- ___ Plan shows all areas to be impacted, including new and existing buildings, wells, driveways, streams, ponds, etc.
- ___ Plan shows acreage, frontage, and setbacks to lot lines of proposed structures

Provide the following information: Frontage _____ Area _____
Building will be how near to: Front Lot Line _____ Left Property Line _____ Right Property Line _____
Rear Property Line _____

Specifications: Provide 2 sets of plans (in addition to the set submitted to fire chief), including foundation, floor, elevations, and cross-section. Fill out the following specifications appropriate to work being performed:

Foundation: Footing Size: ___X___ Depth Below Grade ___ Drainage Type _____

Foundation Type _____ Thickness _____ Height _____

Height of unbalanced fill (from grade to slab): ___ Foundation Coating _____

Framing: Lumber Grade and Specie (if other than #2 spruce/pine/fir) _____

1st floor carrying Beam Type _____ Size _____ Column type _____ Size _____ Column span _____

2nd floor carrying Beam Type _____ Size _____ Column type _____ Size _____ Column span _____

Headers: **Note: the 7th edition requires more than single jack studs in many instances. Show all header sizes and number of jacks on plans .**

Joist - First Floor ___X___ O/C ___ Span ___ Joist - Second Floor ___X___ O/C ___ Span ___

Joist - Ceiling ___X___ O/C ___ Span ___ Studding Bearing ___X___ O/C ___ Wall Height ___

Roof Rafters ___X___ O/C ___ Horizontal Span ___ Roof Pitch ___ in ___ Collar tie size _____

IF TRUSSES ARE TO BE USED, YOU MUST SUBMIT TRUSS DESIGN, STAMPED BY A MASSACHUSETTS LICENSED ENGINEER, PRIOR TO FRAMING

Sheathing: Floors _____ Walls _____ Roof _____ Roofing _____ Attic/Roof Ventilation Type _____

Method of Attic and/or roof ventilation _____ % of glazing (rough openings compared to floor area) _____

Fire Protection:

Bedroom Escape Window: Clear opening height ___ (24min) Width ___ (20min) Window type: DH ___ Casement ___

Method of Fire Protection Between House and Garage: _____

Type of Heating System(s) _____ Fuel _____

Attach Heat-loss calculations and furnace size

Energy Requirements: Choose from methods below. Submit window and door schedule..

- o Prescriptive Package from Table J5.2.1b. Choose 1 package between Q and AA ___
- o Component Performance: "Manual Trade-Off worksheet from Appendix J and HVAC trade-off worksheet.
- o Meccheck or Rescheck software: Attach Compliance Report and Inspection checklist printouts.
- o System Analysis **Or** Renewable Energy Sources: Attach Mass Registered Architect or Engineer Analysis.

Garage or other Accessory Structure(s) Describe _____

Foundation: Footing Size: _____X_____ Depth Below Grade _____ Drainage Type _____

Foundation Type _____ Thickness _____ Height _____

Height of unbalanced fill (from grade to slab):_____ Foundation Coating _____

Framing: Lumber Grade and Specie (if other than #2 spruce/pine/fir) _____

Carrying Beam Type _____ Size _____ Column type _____ Size _____ Column span _____

Joist - First Floor _____X_____ O/C_____ Span_____ Joist - Second Floor _____X_____ O/C_____ Span_____

Joist - Ceiling _____X_____ O/C_____ Span_____ Studding Bearing: _____X_____ O/C_____ Wall Height _____

Roof Rafters _____X_____ O/C_____ Horizontal Span _____ Roof Pitch _____ in _____ Collar tie size _____

IF TRUSSES ARE TO BE USED, YOU MUST SUBMIT TRUSS DESIGN, STAMPED BY A MASSACHUSETTS LICENSED ENGINEER, PRIOR TO FRAMING

Sheathing: Floors _____ Walls _____ Roof _____ Roofing _____ Attic/Roof Ventilation Type _____

Method of Attic and/or roof ventilation _____ % of glazing (rough openings compared to floor area) _____

Deck or Porch Describe _____ Size _____

Pier size _____ Maximum spacing _____ Column size _____ Maximum height of floor above grade _____

Carrying Beam size _____ Floor joist _____X_____ O/C_____ Span _____ Ledger attachment to house _____ O/C_____

Roof Rafters _____X_____ O/C_____ Horizontal Span _____ Roof Pitch _____ in _____

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:

- | | |
|---|--|
| 1. ~ I am an employer with _____ Employees (full and/or part-time)* | 4. ~ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. I These sub-contractors have workers' comp. insurance. |
| 2. ~ I am a sole proprietor or partner-Ship and have no employees Working for me in any capacity. [No workers' comp. insurance required.] | 5. ~ 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.] |
| 3. ~ I am a homeowner doing all work myself. [No workers' comp. insurance required.]H | |

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.

H Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

I Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers'

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: _____ For all FCCIP towns _____ 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 A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as Aan 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 owner of a dwelling house having not more than three apart ments and who reside 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 Aevery 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 ANeither 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 boxe s that apply to your situation and, if necessary, supply sub-contractor(s) names(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 AJob Site Address@ the applicant should write Aall 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 homeowner 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
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