

**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
2

**RENOVATIONS/ADDITIONS/ACCESSORY STRUCTURES
RESIDENTIAL BUILDING PERMIT APPLICATION**

Per #: _____
Fee: _____

Note: This application is not for new 1-2family dwellings or commercial projects.

Zoning District _____ **Town** _____ **Site Address** _____

Owner's Name: _____ **Mailing Address:** _____

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

Contractor: _____ **Mail Address** _____ **Town** _____

Construction Supervisor License # _____ **Exp. Date** _____ **Hic.#** _____ **Exp. Date** _____

CSL signature: _____ **Phone:** _____ **Cell:** _____ **E-mail** _____

Estimated Cost: _____ **Sq. Ft. Living Space (New):** _____ **Sq. Ft. Other Space (New):** _____

*Obtain the following signatures (where applicable) **BEFORE** submitting this application:*

Fire Chief: _____ Date _____

(Signature confirms receipt of appropriate building plans for all additions and complete renovations)

Board of Health: _____ Date _____

(Shutesbury: all applications. All other towns: Bedroom addition only)

Conservation Commission: _____ Date _____

(When any excavation done)

Inspector of Buildings: _____ Date _____

(After application submitted)

OWNER AUTHORIZATION-(To be completed by HOMEOWNER when contractor applies for building permit.)

I, _____, as **Owner** of the subject property hereby authorize _____
(Please print) (Please print name of contractor)
to act on my behalf, in all matters related to work authorized by this building permit application.

(Signature of Owner) Date _____

DECLARATION-(To be completed by CONTRACTOR) Homeowner should not sign this unless there is no contractor

I, _____, hereby declare that the statements and information on the foregoing application are true and
Please Print
accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

(Signature of Owner or Contractor) Date _____

Please Check All Appropriate Items

<input type="checkbox"/> Accessory Structure <input checked="" type="checkbox"/>	<input type="checkbox"/> Storage Building (120sft or more) <input checked="" type="checkbox"/>
<input type="checkbox"/> Garage <input checked="" type="checkbox"/>	<input type="checkbox"/> Addition to accessory structure <input checked="" type="checkbox"/>
<input type="checkbox"/> Addition to dwelling <input checked="" type="checkbox"/>	<input type="checkbox"/> Agricultural Barn <input checked="" type="checkbox"/>
<input type="checkbox"/> Renovation to dwelling	<input type="checkbox"/> Sign <input checked="" type="checkbox"/> Location: _____
<input type="checkbox"/> Renovation to accessory structure	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other (specify): _____

FCCIP BUILDING PERMIT FEE SCHEDULE

VALUE OF PROJECT: In order to keep the fees equitable for the 14 towns in our building program, the cost of construction is determined as follows. This valuation procedure does not affect taxation by your town assessors.

- | | |
|---|---------------|
| • All new construction for dwelling units/additions | \$150/sq. ft. |
| • Sunrooms | \$100/sq. ft. |
| • Basement renovations | \$ 50/sq. ft. |
| • Res'l acc'y bldgs & non-living space | \$ 30/sq. ft. |
| • Residential garages | \$ 30/sq. ft. |
| • Mobile Homes | \$ 50/sq. ft. |
| • Conversion of non-res'l space to living space | \$120/sq. ft. |
| • Agricultural barns | \$ 30/sq. ft. |

If project is not related to new sq.ft., the fee will be based upon a sound estimate of the cost of construction.

FEES: Once the cost of construction is determined, the fee is based on \$6 per \$1,000 of value. There is a minimum permit fee of \$30. **ANY WORK COMMENCED PRIOR TO PERMIT ISSUANCE WILL BE ASSESSED AN ADMINISTRATIVE FEE EQUAL TO THE PERMIT FEE.**

OTHER FEES:

- | | |
|--|---------------|
| • Change-of-Use (no structural renov's) | \$ 50 |
| • Temporary Construction Trailer | \$ 50 |
| • Solar Panels | \$ 50 minimum |
| • Replacement of Permit Card or Certificate of Occupancy | \$ 10 |
| • Stop Work Order (to post or to remove) | \$ 50 |
| • Reinspection Fee (each visit) | \$ 30 |
| • Signs | \$ 50 |
| • Fire/natural disaster repairs/reconstruction for 1-&2-family | \$ 50 |
| • Demolition (all) | \$ 50 |
| • Temporary Tents | \$ 10 |

Revised: 4/5//10

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

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 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 #: _____