

**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 single or two family homes, wood-
stoves, swimming pools, or commercial projects.**

Instructions: Applicant must fill out all of Section 1 and the appropriate sections for the specific type of project.

Section 1

Date: _____ **Use Group: R-4 Const.Type:5B unless specified here:** _____ **Flood plain yes** _____ **no** _____

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

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

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

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

Construction Supervisor # _____ **Expiration Date** _____ **Hic.#** _____

Cont. Tele# _____ **Cell** _____ **Fax** _____ **E-mail** _____

Contractor Signature(required unless Homeowner Exemption signed on p.2) _____

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 when any fire protection devices are to be installed)

Board of Health: _____ Date _____

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

Conservation Commission: _____ Date _____

(Required for all towns when any excavation done, including piers)

Inspector of Buildings: _____ Date _____

(After application submitted)

Explanation of work: (Be specific. For example: "Install new bath and kitchen," not "Interior Renovations")

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. **SECTION 110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER, OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THE APPLICATION.**

(Print Name of Owner or Authorized Agent)

(Signature of Owner or Authorized Agent)

Date

NOTE: CONTRACTOR AFFIDAVIT OR HOMEOWNERS LICENSE EXEMPTION MUST ALSO BE SIGNED ON PAGE 2

Section 1 (Continued)

Demolition Debris Disposal Location: _____ No demolition debris: _____

Will a contractor be responsible for this project?

___ YES (Contractor must sign at "Contractor Signature, p.1) and Workman Compensation Affidavit)

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

Septic System Location

I have located and flagged the components of the septic system and attest that these will not be compromised during construction: _____

(Signature of contractor, or homeowner if none, when there will be excavation done)

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.)

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: _____

❑ **SECTION 2: Roofing, Siding, Replacement Windows, (Check appropriate items)**

Roofing: House ___ Garage ___ Other (describe) _____
 Any sheathing to be installed? Yes ___ No ___ Will existing roofing be stripped? _____
 If not, how many layers exist now? _____
 Siding: House ___ Garage ___ Other (describe) _____ Siding type _____
 Replacement Windows: House ___ Garage ___ Other (describe) _____ Number _____
 U value _____ (Maximum U value permitted is .44)

❑ **Section 3: Signs (Check appropriate items)**

Size: _____ x _____ Wording: _____

 _____ Off-premise sign (*fill out Section 5 plot plan*) Site location: _____
 _____ On-premise, attached to building _____ On-premise, free standing (*fill out Section 5 plot plan*)

❑ **Section 4: Note: Any new structure or addition requires a plot plan (See Section 5)**

Please Check All Appropriate Items	
___ Accessory Structure ___ x _____	___ Storage Building (120sft or more) ___ x _____
___ Garage ___ x _____	___ Addition to accessory structure ___ x _____
___ Addition to dwelling ___ x _____	___ Agricultural Barn ___ x _____
___ Renovation to dwelling	___ Chimney or Fireplace
___ Renovation to accessory structure	___ Change of Use
___ Demolition	___ Other (specify): _____

Provide 2 sets of plans showing:

- 1) Floor plan
- 2) Foundation plan or pier location
- 3) Cross section showing any of the following (if applicable):
 Carrying beams, floor joists, bearing walls, ceiling joists, rafters and collar ties.
- 4) Smoke detector locations

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): _____

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: _____

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)* 2. ~ I am a sole proprietor or partner-Ship 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.] ^H	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. 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.]

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 apartments 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 boxes 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: