

Application to Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

SECTION 1 - Site Information:

1.1 Property Address: <input style="width: 95%; height: 20px;" type="text"/>	1.2 Assessors Map, Block, Number: <input style="width: 95%; height: 20px;" type="text"/>	1.3 Zoning District: <input style="width: 95%; height: 20px;" type="text"/>
1.4 Property Dimensions: Area: <input style="width: 60px;" type="text"/> Frontage: <input style="width: 60px;" type="text"/> Front: <input style="width: 60px;" type="text"/> Rear: <input style="width: 60px;" type="text"/> Right: <input style="width: 60px;" type="text"/> Left: <input style="width: 60px;" type="text"/> % Lot Coverage: <input style="width: 60px;" type="text"/>		1.5 Building Setbacks: <input style="width: 95%; height: 20px;" type="text"/>
1.6 Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private		1.7 Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> On Site Disposal System
1.8 Flood Zone: Flood Zone Map: <input style="width: 80px;" type="text"/>		

SECTION 2 - Property Ownership/Authorized Agent:

2.1 Owner of Record: <input style="width: 95%; height: 20px;" type="text"/> Name (print) <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <input style="width: 95%; height: 20px;" type="text"/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Signature Date	2.2 Authorized Agent: <input style="width: 95%; height: 20px;" type="text"/> Name (print) <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <input style="width: 95%; height: 20px;" type="text"/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Signature Date
---	--

SECTION 3 - Construction Services:

3.1 Licensed Construction Supervisor: <input style="width: 95%; height: 20px;" type="text"/> License Number Expiration Date <input style="width: 95%; height: 20px;" type="text"/> Name (print) <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <input style="width: 95%; height: 20px;" type="text"/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Signature Date <input type="checkbox"/> Not Applicable	3.2 Registered Home Improvement Contractor: <input style="width: 95%; height: 20px;" type="text"/> License Number Expiration Date <input style="width: 95%; height: 20px;" type="text"/> Name (print) <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <input style="width: 95%; height: 20px;" type="text"/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> Signature Date <input type="checkbox"/> Not Applicable
--	--

SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(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 5 - Description of Proposed Work (check all applicable):

- New Construction Addition Other (specify) _____
- Existing Building Accessory Building Demolition
- Alteration(s) Repair(s)

Proposed Use:

Remarks:

SECTION 6 - Building Detail:

<input checked="" type="checkbox"/> Fire Suppression Installed	Stories:	Width:	Length:	Height:	Area:	Volume:	No. of Dwelling Units:
<input checked="" type="checkbox"/> Fire Suppression Proposed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building Description:

Existing Use Group:	Proposed Use Group:	Existing Hazard Index:	Proposed Hazard Index:	Construction Type:
---------------------	---------------------	------------------------	------------------------	--------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

SECTION 7 - Estimated Construction Costs:

Building:	Electrical:	Plumbing:	Mechanical:	Fire Protect:	Total Cost:
-----------	-------------	-----------	-------------	---------------	-------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Permit Fee:
For Official Use Only:

SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:

I, _____, as Owner of the above subject property herby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit.

Signature:

Date:

SECTION 9 - Owner/Authorized Agent Declaration:

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Signature of Owner/Agent:

Date:

SECTION 10 - Approval Status: (For Official Use Only.)

Application Date:

Status Date:

- Approved Denied
- Pending Abandoned
- In Part Voided

Remarks:

Permit Number:

Print Inspector Name:

Signature of Inspector:

Date:



Town of Townsend

Massachusetts 01469

Name of Owner					Date	Permit #
Address of Applicant					Telephone	
Location of Property No		Street	If in a Subdivision-Name			Lot No.
Side of Street <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		Map #	Parcel #	Size of Lot	Check One <input type="checkbox"/> Sq. Ft. <input type="checkbox"/> Acres	Zoning
Purchased Property From-Date Name			Date	Are there any bodies of water, streams or swamp areas on or abutting lot <input type="checkbox"/> Yes <input type="checkbox"/> No		

A Plot Plan with Building and Driveway Located must accompany Application for a Permit for a New Building.

Builders Name					Telephone
Builders Address					License #
Purpose of New Building or Alteration					If a dwelling Sq. Feet of Living Area:

Overall Dimensions of Building		No. of Stories	No. of Rooms	No. of Family Units	Is Sewerage System to be: <input type="checkbox"/> Constructed <input type="checkbox"/> Repaired <input type="checkbox"/> Altered	
No. of Bedrooms	No. of Bathrooms	No. of Lavatories	No. of Garbage Disposal Units	Water Supply <input type="checkbox"/> Town Water <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well		
Type of Construction		Foundation Material		Type of Heating System		No. of Fireplaces

Garage <input type="checkbox"/> Separate <input type="checkbox"/> Attached <input type="checkbox"/> In Basement		Number of Vehicles	Permit Fee	Estimate or Contract Cost
---	--	--------------------	------------	---------------------------

Approved by Board of Health		Date	Received Payment
Approved by Planning Board		Date	
Approved by Conservation Comm		Date	
Approved by Fire Chief		Date	
Approved by Highway Department		Date	
Approved for Zoning		Date	
Approved by Building Inspector		Date	Signature of Applicant

Restrictions				Use Group:
Are plumbing, heating, electrical associated with this construction? <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> None				Fire Grading:

WHITE COPY - Building Inspector • CANARY COPY - Board of Health • PINK COPY - Board of Assessors • GREEN COPY - Fire Chief • GOLD COPY - Applicant

Town of Townsend
BUILDING DEPARTMENT



Richard D. Hanks
Building Commissioner
Zoning Enforcement Officer

978-597-1709
Fax: 978-597-8135
March 9, 1999

HOMEOWNER LICENSE EXEMPTION.

PLEASE PRINT

DATE: _____

JOB LOCATION: _____
NUMBER STREET ADDRESS SECTION OF TOWN

"HOMEOWNER": _____
NAME HOME PHONE WORK PHONE

PRESENT MAILING ADDRESS: _____

CITY/TOWN STATE ZIP CODE

The current exemption for "homeowners" was extended to include owner-occupied dwellings of two (2) units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 108.3.5.1)

DEFINITION OF HOMEOWNER:

Person(s) who own(s) a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one (1) or two (2) 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. Such "homeowners" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5.1.)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Townsend Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE: _____

APPROVAL OF BUILDING OFFICIAL: _____

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 116.1 Construction Control.

Richard D. Hanks
Building Commissioner
Zoning Enforcement Officer

272 Main Street
978-597-1709
Fax: 978-597-8135



For Office Only
Permit No. _____
Date _____

**Town of Townsend
Building Department**

**AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application**

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building, containing at least one but not more than four dwelling units – or to structures which are adjacent to such residence or building, be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost: _____
Address of Work: _____
Owner Name: _____
Date of Permit Application: _____

I certify that:

Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1,000
- Building not owner-occupied
- Owner pulling own permit
- Other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENTS WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

Date Owner Name

**ENERGY CONSERVATION APPLICATION FORM FOR
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS
780 CMR Appendix J (effective 3/1/98)**

Applicant Name: _____
 Applicant Address: _____

 Applicant Phone: _____

Site Address: _____
 City/Town: _____
 Use Group: _____
 Date of Application: _____
 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.

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				
	Ceiling	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39	R-37	R-13	R-19	R-10	R-10, 4 ft

"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)

¹ Glazing Area may be either Rough Opening or Unit dimensions.



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 a 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 #: _____