



# Town of Granby, Massachusetts

## Building Department

10B West State Street - Granby, MA 01033

Tel: (413) 467-7179 Fax: (413) 467-2080

[www.granby-ma.gov](http://www.granby-ma.gov)

Carissa M. Lisee  
Building Commissioner

### **APPLICATION TO INSTALL SOLID FUEL BURNING APPLIANCE**

#### **When applying for a Permit in the Town of Granby, please include the following:**

- When applying to add additional space to your home (ie: addition, deck, porch or sunroom) of an accessory structure to your property (ie: shed, garage, barn, swimming pool, sign, fence or retaining wall over 48: high) it is required that the applicant receive approval by the Conservation Commission before applying for a permit. A signature can be obtained by attending a Conservation Commission meeting. The Commission meets every 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of the month at 7pm at the old library.
- If you are a Contractor, Electrician or Gas Fitter, please included a certificate of liability insurance and workmen's compensation affidavit with your company and/or personal name on the certificate. Also include a copy of your CSL and HIC license. The name on the application should correspond with the name on the license and certificate of insurance. If you are operating under a DBA, the license holder should sign the permit application. If you are operating under a corporation, the corporation should have its own license number and corporate officers are allowed to sign the permit application.
- If you are applying to add additional bedrooms, the septic system must be reviewed by a certified sanitation engineer/septic designer. A letter from the sanitation engineer/septic designer must accompany the building permit application.

### **CONTACT TIMES FOR INSPECTIONS**

It shall be the responsibility of the permit holder (owner or contractor) to contact the inspector when the work has progressed to the point of needing an inspection. Inspectors must respond in a timely order. You must obtain proper sign-offs by inspectors before proceeding.

- **Excavation/Footings:** inspector to observe soil types: groundwater elevation, temporary shoring, site safety, and inspection of footings prior to pouring
- **Foundation:** inspector to observe location, size & shape, width, reinforcing, height of unbalanced fill, fireplace jog, ventilation, damp-proofing/waterproofing, foundation drainage and either first floor framing in place or proper bracing before backfill
- **Sub-trade Inspections:** call appropriate inspector for individual inspections including, but not limited to: Plumbing, Gas, Electrical, Oil Burner

- **Frame:** call after all framing is in place and sub-trades have finished all cutting, drilling and notching. Inspector to observe species & grade, spans, connections, cutting & notching; and fire-stopping (**after** inspection and sign off from sub-trade inspectors)
- **Fireplace/chimney:** call following completion of firebox, throat and first flue set
- **Insulation:** after insulation is in place: inspector to observe insulation type, vapor barrier, and R-values
- **Mechanical:** inspection of duct installation (for type and fastening), furnace plenum, hydronic piping, wood & pellet stove, dryer vents, bath exhaust fans, heat pumps, etc.
- **Finish:** call after sub-trade inspectors have signed for final approvals and building, or parts thereof, are ready for occupancy and/or use

**CONTACT TELEPHONE NUMBERS**

<b><u>INSPECTION SERVICE</u></b>	<b><u>INSPECTOR'S NAME</u></b>	<b><u>CONTACT NUMBER</u></b>
Building	Carissa Lisee	467-7179
Electrical	Art Courshesne, Jr.	467-3878
Plumbing & Gas	Fred Marion	467-7524
Fire	Granby Fire Department	467-9696
Board of Health	Micheline Turgeon	467-7174
Public Works	David Desrosiers	467-7575

**NOTICE OF START: At least 24-hour notice of start of work under a building permit shall be given to the Building Official. Contractor or builder is to give the Building Official 24 hour notice prior to the time when these inspections are required. The Building Official shall make the inspections within 48 hours after notification.**



TOWN OF GRANBY, MASSACHUSETTS

BUILDING DEPARTMENT
ACCESSORY PERMIT APPLICATION

IMPORTANT - Complete ALL items where applicable

Permit No. \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Approved: \_\_\_\_\_

SECTION 1: PROPERTY ADDRESS

Address: \_\_\_\_\_ Lot No.: \_\_\_\_\_
Zone: \_\_\_\_\_ Assessor Map/Parcel No.: \_\_\_\_\_

SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

2.1. LOCATION OF BLDG. ON LOT - DISTANCE OF BLDG FROM

Street line \_\_\_\_\_ ft
Right lot line \_\_\_\_\_ ft

Left lot line \_\_\_\_\_ ft
Rear lot line \_\_\_\_\_ ft

Is this a corner lot? [ ] Yes [ ] No

If answer is Yes - Distance of Bldg. from side street line: \_\_\_\_\_ ft

2.2. TYPE OF SEWAGE DISPOSAL

- [ ] Individual (septic tank, etc.)
[ ] Public or private company

2.3. TYPE OF WATER SUPPLY

- [ ] Individual (well, cistern)
[ ] Public or private company

2.4. COST

Cost of Improvement \$ \_\_\_\_\_
To be installed but not included in the above cost
Electrical \$ \_\_\_\_\_
Plumbing \$ \_\_\_\_\_
Heating, A.C. \$ \_\_\_\_\_
Other \$ \_\_\_\_\_
Total Cost \$ \_\_\_\_\_

2.5. DIMENSIONS

Number of stories \_\_\_\_\_
Size of building - front \_\_\_\_\_
rear \_\_\_\_\_
deep \_\_\_\_\_
Total square feet of floor area, all floors based on exterior dimensions \_\_\_\_\_
Total square foot of garage area \_\_\_\_\_
Size of lot - front \_\_\_\_\_
depth \_\_\_\_\_
Total land area, square feet \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK

[ ] Owner Occupied No. Of Units: \_\_\_\_\_ Code Edition: \_\_\_\_\_ Building Use Group: \_\_\_\_\_

Brief Description of Proposed Work: \_\_\_\_\_

SECTION 4: PROPERTY OWNERSHIP

4.1. Owner's Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SECTION 5: CONSTRUCTION SERVICES

5.1. Construction Supervisor: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
Signature of Contractor: \_\_\_\_\_
CSL Number: \_\_\_\_\_ List CSL Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Table with 2 columns: TYPE, DESCRIPTION. Rows include Unrestricted, Restricted, Masonry Only, Residential Roofing, Window and Siding, Solid Fuel Burning Appliance, Demolition, and Insulation.

5.2 Registered Home Improvement Contractor (HIC)

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Business Phone: \_\_\_\_\_
Registration Number: \_\_\_\_\_
Expiration Date: \_\_\_\_\_
Signature: \_\_\_\_\_

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

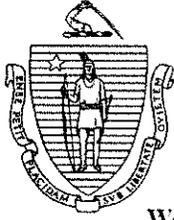
SECTION 7: OWNER DECLARATION

As Owner, I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Signature of Owner \_\_\_\_\_ Application Date \_\_\_\_\_

NOTES

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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**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 partnership 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.] †
- 4.  I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  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. ‡
- 6.  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):

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  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 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_



**TOWN OF GRANBY  
BUILDING DEPARTMENT**

**REQUEST TO COLLECTOR'S OFFICE  
FOR VERIFICATION OF PAYMENTS**

**PROPERTY LOCATION:** \_\_\_\_\_

**PARCEL ID:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**PLEASE CHECK ONE:**

BUILDING       SIGN PERMIT       ELECTRICAL       PLUMBING

**PERSON REQUESTING PERMIT:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**COLLECTOR'S OFFICE ENTRY**

**REMARKS:** \_\_\_\_\_

**REPORTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_