



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

Fences

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number

Parcel Number

1.3 Zoning Information:

Zoning District

Proposed Use

1.4 Property Dimensions:

Lot Area (sq ft)

Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard

Required

Provided

Side Yards

Required

Provided

Rear Yard

Required

Provided

1.6 Water Supply: (M.G.L c. 40, § 54)

Public ☐

Private ☐

1.7 Flood Zone Information:

Zone: _____

Outside Flood Zone?

Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print)

City, State, ZIP

No. and Street

Telephone

Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐

Existing Building ☐

Owner-Occupied ☐

Repairs(s) ☐

Alteration(s) ☐

Addition ☐

Demolition ☐

Accessory Bldg. ☐

Number of Units _____

Other ☐ Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____

Habitable room count _____

Number of fireplaces _____

Number of bedrooms _____

Number of bathrooms _____

Number of half/baths _____

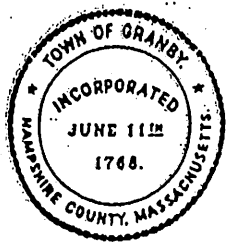
Type of heating system _____

Number of decks/ porches _____

Type of cooling system _____

Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



TOWN OF GRANBY

MASSACHUSETTS 01033

BUILDING DEPARTMENT
(413) 467-7179

NAME	PERMIT #	DATE
LOCATION	MAP	PARCEL
TYPE CONSTRUCTION	ZONING DISTRICT	
SANITARY DISPOSAL SYSTEM Y N	PERMIT FEE PAID	Y N
WELL PERMIT Y N	TAXES PAID	Y N
WELL DRILLING REPORT Y N	PLOT PLAN	Y N
WATER TEST Y N	AS-BUILT NEEDED	Y N
3 SETS BUILDING PLANS Y N	LANDFILL AFFIDAVIT	Y N
COPY DEED Y N	BUILDING IN FLOOD PLAIN	Y N
MARKED SMOKE DETECTORS Y N	BUILDING IN WETLANDS	Y N
CONSTRUCTION SUPERVISOR'S LICENSE Y N	LOCATED ON SCENIC ROAD	Y N
HOME IMPROVEMENT CONTRACTOR'S LICENSE Y N	ANY STONE WALLS	Y N
HOMEOWNER LICENSE EXEMPTION Y N	BUILDING IN WATER SUPPLY DISTRICT	Y N
WORKMEN'S COMPENSATION AFFIDAVIT Y N	ENERGY AUDIT	Y N

SIGNATURES REQUIRED BY BUILDING DEPARTMENT:

Board of Health:	Sewer Commissioner _____
Well: _____	Chief, Police Department _____
Septic: _____	Historical Commission
Chief, Fire Department	Conservation Commission
Planning Board	Tree Warden
Supervisor, Highway Department	

NOTE: A Building permit will not be issued unless this form is filled out properly and signatures for checked boxes have been obtained.

Inspectors of Buildings, Zoning Enforcement Officer

PLOT PLAN

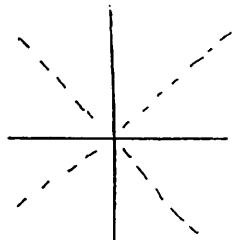
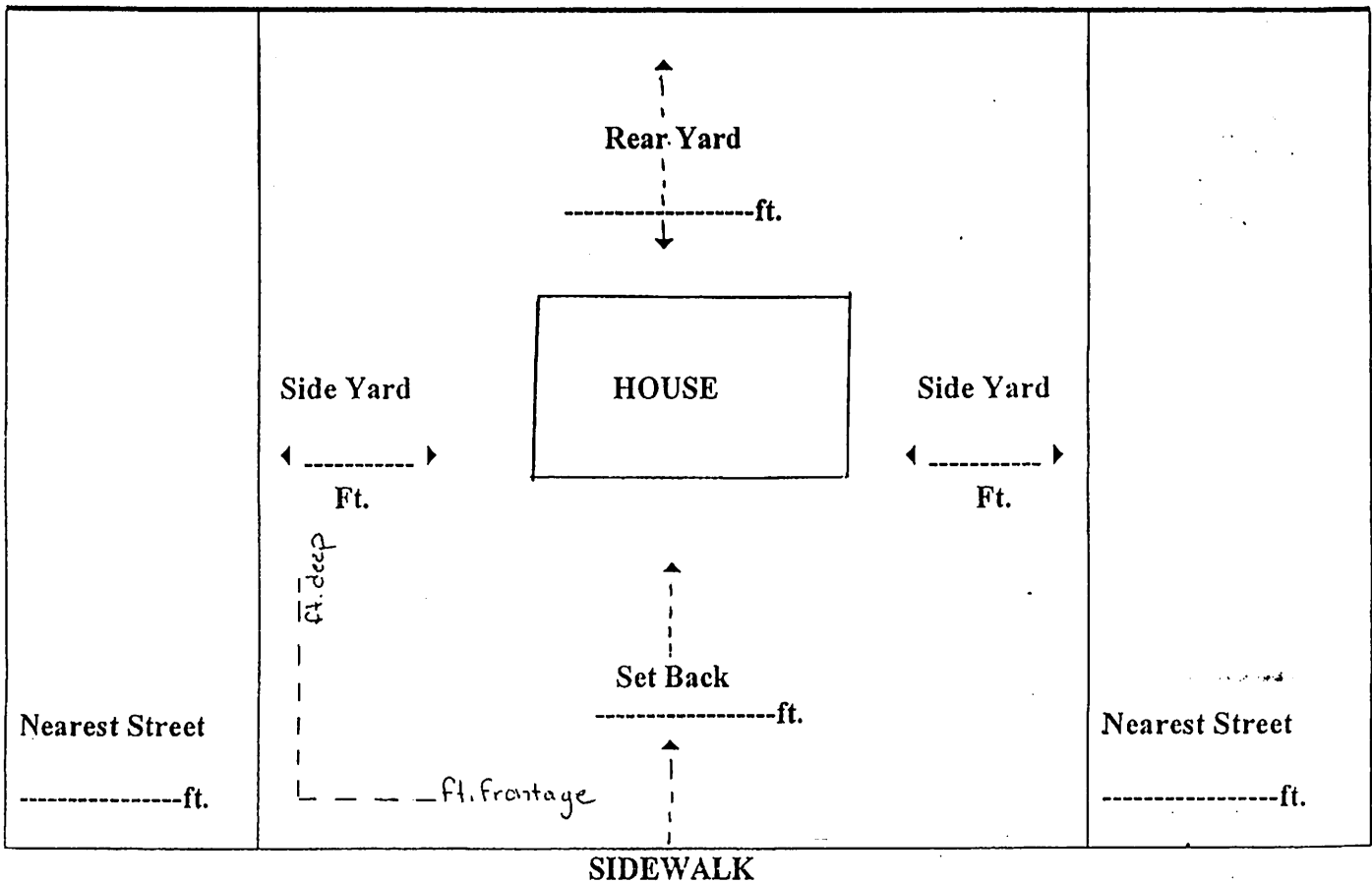
DATE: _____

HOUSE NUMBER _____

LOT NUMBER _____

OWNER OF LAND _____

ZONE _____



Mark North Point

Street/Avenue/Road

Signature _____



Russell A. Ducharme, Jr.
Inspector of Buildings

TOWN OF GRANBY

Building Inspector

10B West State Street

Granby, MA 01033

(413) 467-717 Tel.

(413) 467-2080 Fax

Construction Debris Affidavit

(for all demolition and renovation work)

In accordance with the provisions of MGL c40, S54, a condition of Building Permit Number

_____ is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL c 111, S150A.

The debris will be disposed of in:

LOCATION OF FACILITY

The debris will be transported by:

NAME OF HAULER

SIGNATURE OF APPLICANT

DATE



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 a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and 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.

† 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 #: _____

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 "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an 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 receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides 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 "every 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 "Neither 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) name(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 "Job Site Address" the applicant should write "all 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 home owner 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.

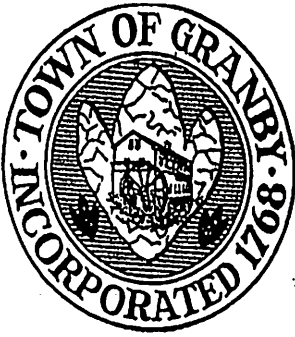
The Department's address, telephone and fax number:

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

www.mass.gov/dia



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HOMEOWNER LICENSE EXEMPTION

HOMEOWNER _____

ADDRESS _____

The undersigned **HOMEOWNER** requests permission to act as a Supervisor to undertake a construction related project at the above referenced address without the benefit of a properly licensed contractor under the following terms and conditions:

1. According to the Massachusetts State Building Code, Section 5108.3.5, the current exemption for "**HOMEOWNERS**" was extended to include owner occupied dwellings of two 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.**
2. By definition, a person who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be a one to two family dwelling, attached or detached structure accessory to such use and/or farm structures, but not manufactured/modular structure, shall be considered a **HOMEOWNER**. A person who constructs more than one home in a two-year period shall not be considered a homeowner.
3. The **HOMEOWNER** will be fully responsible for submission of a complete permit application, site plans, building plans, and any other documentation required by the Building Department to understand the scope and complexity of the work proposed.
4. The **HOMEOWNER** certifies that he or she fully understands the requirements of the Massachusetts State Building Code, 7th Edition, and the City of Easthampton Code as they relate to the particular project being undertaken by permit, and that the **HOMEOWNER ASSUMES FULL RESPONSIBILITY** for compliance with all applicable codes, ordinances, and inspection procedures.

This agreement is executed as part of the building permit application.

Homeowner's signature _____ Date: _____

Approved by Building Inspector _____

BRING TO TAX COLLECTOR TO BE FILLED OUT

**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

COLLECTOR'S OFFICE ENTRY

REMARKS: _____

REPORTED BY: _____ **DATE:** _____