



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

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: _____
1.2 Assessors Map & Parcel Numbers
1.1a Is this an accepted street? yes _____ no _____
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		Side Yards		Rear Yard	
Required	Provided	Required	Provided	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"



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 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 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:** _____



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

Gregory Briggs
Local Building Inspector

Date: _____

Address: _____

Construction Type: _____

Permit Number: _____

Map/Parcel: _____

Zoning: _____

Sanitary Disposal System	Y	N
Well Permit	Y	N
Well Drilling Report	Y	N
Water Test	Y	N
3 Sets Building Plans	Y	N
Copy of Deed	Y	N
Marked Smoke Detectors	Y	N
Construction Supervisor's License	Y	N
Home Improvement Registration	Y	N
Homeowner Exemption	Y	N
Workmen's Comp Affidavit	Y	N

Permit Fee Paid	Y	N
Taxes Paid	Y	N
Plot Plan	Y	N
As-Built Needed	Y	N
Demo Debris	Y	N
Building in Flood Plain	Y	N
Building in Wetlands	Y	N
Located on Scenic Road	Y	N
Stone Walls	Y	N
Building in Water Supply District	Y	N
Energy Audit	Y	N

Board of Health
Well: _____
Septic: _____
Fire Chief:
Planning Board:
Highway Supervisor:

Sewer Commissioner:
Chief of Police:
Historical Commission:
Conservation Commission:
Tree Warden:

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

Building Commissioner/Zoning Enforcement Officer

PLOT PLAN

Date: _____

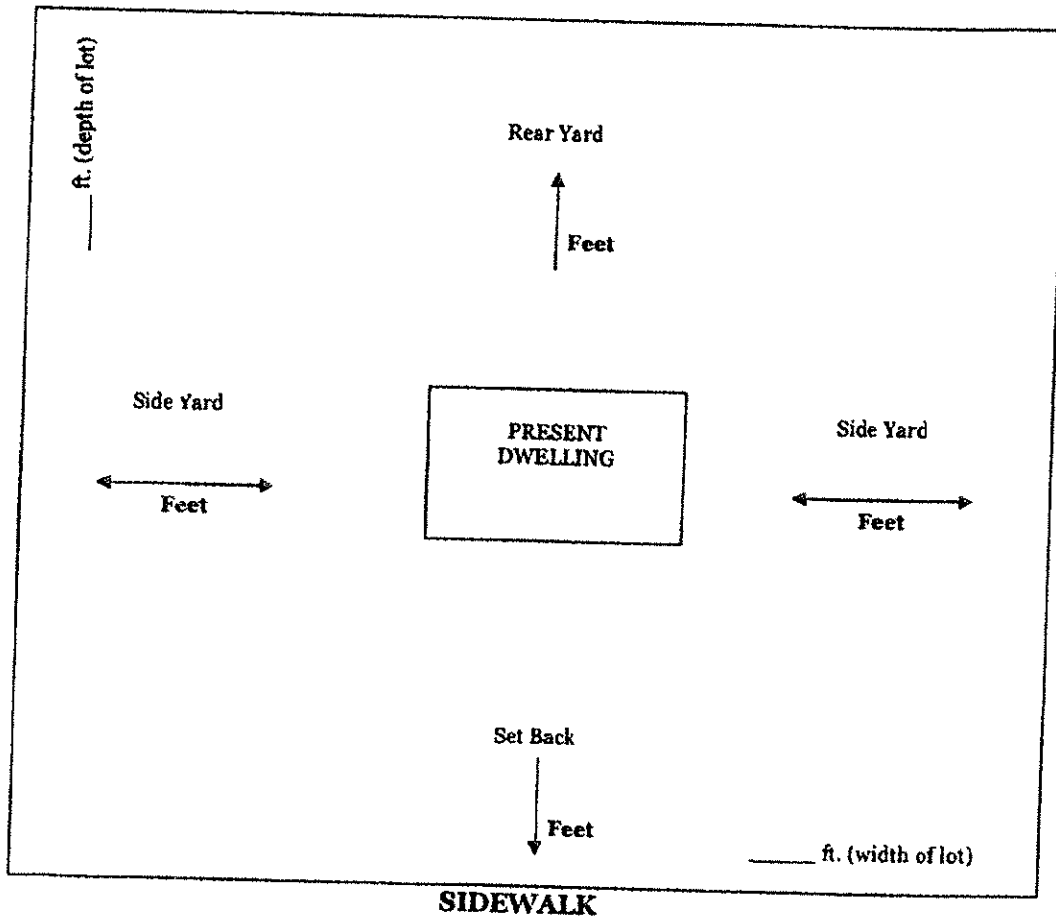
Name: _____

Address: _____

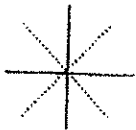
Lot Number: _____

Zone: _____

Please show all proposed buildings, accessory structures and additions. Clearly mark all distances to the proposed structures from the property lines. All lot dimensions must also be shown. Please indicate the side street if the lot is located on a corner.



Indicate North



_____ Street/Avenue/Road

Signature: _____



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Gregory Briggs

Local Building Inspector

ASBESTOS REMOVAL

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (MassDEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos containing materials (both non-friable and friable) that are present at the site and whether or not those materials will be impacted by the proposed work *prior* to conducting any renovation or demolition activity.

Examples of commonly found asbestos containing materials include, *but are not limited to*, heating system insulation, floor tiles and vinyl sheet flooring, mastics, wallboard, joint compound, decorative plasters, asbestos containing siding and roofing products and fireproofing.

Failure to identify and remove all asbestos containing material prior to its being impacted by renovation or demolition activities can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring cost.

A DOS certified asbestos consultant must be hired to determine if asbestos is present and whether removal/repair is necessary. If the building is a state-owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to ask about a contractor's history of violations. Only DOS licensed and DOS certified asbestos abatement contractors and consultants may be hired to perform asbestos-related work in Massachusetts. For more information and permit applications, please contact the Springfield DEP Office at (413) 784-1100 ext 2210.

Received By: _____
Print Name

Title

Signature

Date



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

Gregory Briggs
Local Building Inspector

LOCATION OF DEMOLITION DEBRIS

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

(Location of Facility)

Signature of Permit Applicant

Date



Office of Consumer Affairs and Business Regulation

Warning

HOMEOWNERS SHOULD NOT APPLY FOR THEIR OWN BUILDING PERMIT

Under the Home Improvement Contractor (HIC) Law, M.G.L. c. 142A, when a homeowner hires a contractor to perform residential contracting work, the contractor should obtain the building permit, unless one is not necessary. If you, the homeowner, obtain the permit, be aware of the following:

- You are now personally responsible for all work on this project.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you sue another party.
- You are responsible for ensuring that all work meets the MA Building Code.
- You must supervise the work.
- You must call your municipal Building Department to schedule all required inspections.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you do not carry Workers' Compensation insurance.
- Failure to carry Workers' Compensation insurance may result in serious penalties.
- **You have waived all rights to the Guaranty Fund.**

For more information about the HIC Law or the HIC Programs, contact our Consumer Hotline at 617-973-8787 or visit us at Mass.Gov/HomeImprovement

**TOWN OF GRANBY
BUILDING DEPARTMENT
HOMEOWNER LICENSE EXEMPTION**

PLEASE PRINT

DATE: _____

JOB LOCATION: _____
Number Street Address

“HOMEOWNER”: _____

PRESENT MAILING ADDRESS: _____
Number Street Address

City/Town	State	Zip Code
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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**. (State Building Code Section 110.R5)

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 intended to be, a *one or two family dwelling*, attached or detached 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 “homeowner” 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 110.R5.1.2)

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 Granby Building Inspection 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 107.6 – **Construction Control**.