



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition  
 Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
 MUNICIPALITY  
 USE  
 Revised January  
 1, 2008

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings 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 |          | 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 OWNERSHIP<sup>1</sup>**

2.1 Owner<sup>1</sup> of Record:  
 Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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 Work<sup>2</sup>: \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

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

Permit Number:  
 Dig Safe Number:

**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: OWNER 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](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://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

## 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 |

|                            |
|----------------------------|
| <b>Board of Health</b>     |
| Well: _____                |
| Septic: _____              |
| <b>Fire Chief:</b>         |
| <b>Planning Board:</b>     |
| <b>Highway Supervisor:</b> |

|                                 |
|---------------------------------|
| <b>Sewer Commissioner:</b>      |
| <b>Chief of Police:</b>         |
| <b>Historical Commission:</b>   |
| <b>Conservation Commission:</b> |
| <b>Tree Warden:</b>             |

**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



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: \_\_\_\_\_

~~What is the name of the workers' compensation policy being purchased? Provide the policy number and self-ins. number.~~

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

# PLOT PLAN

Date: \_\_\_\_\_

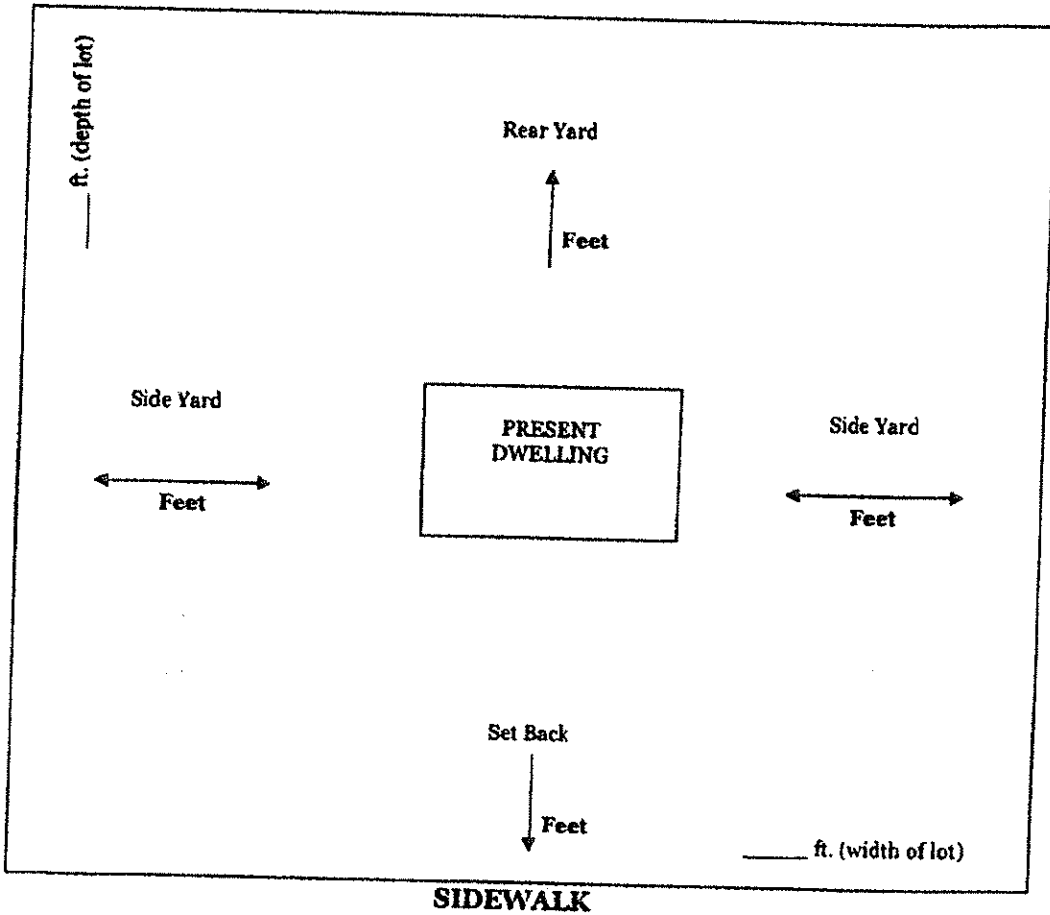
Name: \_\_\_\_\_

Address: \_\_\_\_\_

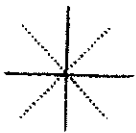
Lot Number: \_\_\_\_\_

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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### 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.

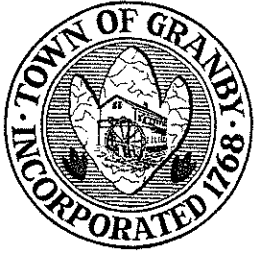
A DOS certified asbestos consultant must be hired to determine if asbestos is present and whether removal/repair is necessary. If the building is a state-owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to ask about a contractor's 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



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### 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



