

TOWN of BOYLSTON  
221 Main St Boylston, MA. 01505  
508-869-6064 / fax # 508-869-6210

## **ONE & TWO FAMILY RESIDENTIAL**

### **BUILDING PERMIT INSTRUCTIONS and APPLICATION**

*Please be advised that any incomplete and/or not legible applications will be rejected.*

***IF APPLICABLE THE FOLLOWING INFORMATION Will BE REQUIRED***

#### **◇Check Off (Below) Information That Is Submitted With Permit◇**

- Plot Plan must be to scale stamped & signed by the engineer.
- A certified ***As Built*** foundation plan is required for all new work after foundation is set.
- All plans MUST include section drawing for foundation, floor, wall, roof, and floor plans (***THREE SETS REQUIRED***). Two set of all ***ENGINEERED LUMBER*** stamped by an Engineer or Architect. One set of each will be returned (***must be on site for inspections***).
- Res Check 4.2 IECC 2006 for NEW CONSTRUCTION and ADDITIONS (energy check) see link on town web site at (*Boylston-ma.gov*) go to town departments, click Building Inspector go to Energy Codes, click to open fill out information and print two copies.
- Septic ***As Built*** plans are required for new construction, additions, garages, swimming pools, sheds, decks, site work and etc. Homeowner supplied or research at Board of Health.
- Certificate of Insurance for Liability and Workman's Compensation is required with the Town of Boylston as Certificate Holder. Workers Compensation Affidavit must be filed.
- Copy of Construction Supervisor License and or Home Improvement Contractor Registration for each permit.
- Copy of the Federal (EPA) storm water permit. If your project disturbs 1 acre or more.
- If demolition of a structure (house, barn, garage, etc.) is involved you need to receive a ***Demolition Application*** form from the building department.
- If a bedroom is added or changed a complete floor plan of all floors is required with smoke detector & carbon monoxide detector locations to meet current Mass. Code.
- For ***Roofing, Siding, Windows*** Complete Sections: 1.1, 1.2, 2, 3, 4, 5, 6, 7a, 7b, attach copies of CSL License, HIC Registration, insurance certificates, Workers Compensation Affidavit and have the Treasurer sign off on back page.
- Make check payable to: *Town of Boylston***

***Applicant MAY need to contact the Town Departments listed on the back for approval***

***ADDITIONAL INFORMATION MAY BE REQUIRED***

***Fill out all sections or mark with N/A (not applicable)***



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*

**Town of  
Boylston**  
*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**

<b>1.1 Property Address:</b> _____		<b>1.2 Assessors Map &amp; Parcel Numbers</b> _____	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____	

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Private <input type="checkbox"/> Shared <input type="checkbox"/>
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**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_ 24 Hour # or Cell \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 <sup>3</sup> (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)	\$ _____	
<b>6. Total Project Cost:</b>	\$ _____	



## MISCELLANEOUS INFORMATION

### BOARD of HEALTH

Septic As Built submitted	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Number of bedrooms at start of job _____			
Number of bedrooms at completion _____			
Are there any DEED RESTRICTION by the Board of Health:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(if yes please explain)

### CONSERVATION

<b><u>1. Does Work Involve:</u></b> WETLANDS, WATER SHED, WELLHEAD, CONSERVATION AREAS or 310 CMR 10.00 (circle all that applies & initial) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Initials:</b>
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### TRENCH PERMIT

Pursuant to G. L. c. 82A §1 and CMR 14.00 et seq. ( as amended)

<b><u>1. Does Work Involve:</u></b> A TRENCH OR EXCAVATION <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Initials:</b>
HAS A <u>TRENCH PERMIT</u> BEEN RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Permit #</b>

### DEBRIS

Disposed by \_\_\_\_\_

At Facility \_\_\_\_\_

*As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, MGL c40, §54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111 §150A. I certify that I will notify the Building Official by \_\_\_\_\_ (two months maximum) of the location of the solid waste facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.*

Hours of Construction  
in all zoning areas are

**Monday- Friday 7:00 am – 7:00 pm**

**Saturday 7:00 am – 5:00 pm**

**No Work on Sunday**

**(except by a homeowner)**

Section 20.02 Town of Boylston Bylaw

**Town of Boylston**  
**Building Permit Fees**

**Residential: 1&2 Family New Construction & Additions**

Cost of Construction Multipliers per **Square Foot** are as Follows:

New Construction, Additions, -----	\$125.00
Foundation Only -----	\$15.00
Garages, Decks, Porches, Sun Rooms, Basements, Renovation & Etc.-----	\$40.00

***Permit Fees are Cost of Construction X Fees as Follows:***

New Construction Fees are \$10.00 per Thousand  
square feet X \$125 (multiplier)= Cost of Construction (round up to nearest thousand)  
times \$10.00 per thousand = permit fee  
Additions, Renovations, Garages, Decks, Porches, Sun Rooms,  
Basements & Etc. fees are \$7.00 per Thousand  
square feet X multiplier = Cost of Construction (round up to nearest thousand)  
times \$7.00 per thousand = permit fee

***Minimum Permit Fee for construction \$100.00***

***All Permit Fees are Double if Work Starts Before Permit is issued and posted on site \$200 minimum***

**Residential Flat Rates are as Follows:**

Roofing, Siding, Replacement Windows, Sheds, Demo -----	\$50.00
In-ground Swimming Pools -----	\$125.00
Above Ground Swimming Pools -----	\$50.00
Stoves, Fireplaces, Chimneys -----	\$50.00
Fences& Stone Walls over 6 Feet in Height -----	\$50.00
Mechanical Inspections (per inspection) -----	\$50.00
Tents (plus any electrical permit if temporary lights or power is used) -----	\$50.00
Temporary Buildings-----	\$150.00 Plus \$75.00 per month

***All Permit Fees are Double if Work Starts Before Permit is issued and posted on site \$200 Minimum***

***Plan Review fees may apply***

**Permits are not considered issued until: paid for, received & posted on site**

Any Questions Please Call Building Department at 508-869-6064

Rates Effective 9/15/2006



*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 an 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 #: \_\_\_\_\_

# 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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

# Town of Boylston Building Department

Project Address: \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_

Proposed Project: \_\_\_\_\_

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

***The applicant MAY need to contact the Town Departments below for approval.***

<u>Department</u>	<u>Signature</u>	<u>Date</u>	<u>Check One</u>		
			<u>N/A</u>	<u>Approval</u>	<u>Approval*</u>
					*with conditions
Treasurer & Collector	_____	_____	<i>applies</i>	<input type="checkbox"/>	<input type="checkbox"/>
Water District	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light & Power	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Health					
Well Report	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Health	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic Design	_____ # of bedrooms per septic system design				
Conservation	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determination of Applicability: Not Required <input type="checkbox"/> Date Issued _____			Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	
DEP File # _____	Date Recorded _____	Book _____		Page _____	
DCR	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Department	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trench Permit	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highway dept.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit # _____	_____	_____			
Mass Highway	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit # _____	_____	_____			
Zoning Board of Appeals	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case # _____	Variance _____	Special Permit _____		Other _____	
20 day "No Appeal Date" _____					
Selectmen (special Permit)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*Department Heads:** Please attach a copy of any conditions or notes to this application  
 Building Department ph# 508-869-6064 fax# 508-869-6210