



Town of Boylston



BUILDING PERMIT

221 Main St. Boylston, Ma. 01505

Building Department (508) 869-6064 FAX (508) 869-6210

Building Commissioner
Zoning Enforcement Officer
Tony Zahariadis

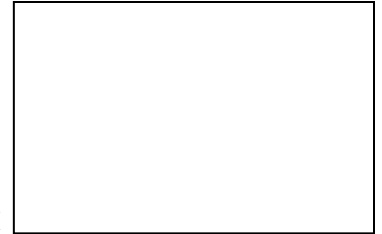
This Section for Official use only

Building Permit Number: _____

Amount of Permit _____

Signature of Building Official: _____

Date of Approval: _____ Date Received _____



Assessor	Date	Collector	Date	Zoning	Date	Planning Board	Date
Conservation	Date	Board of Health	Date	Fire Department	Date	Highway Department	Date
	Date		Date		Date		Date

1. Authorized Agent Information:

Name: _____ Address: _____

Business Name: _____ Address: _____

Telephone Number Home: () _____ Business: () _____ Cell: () _____

2. Owners and Property Information

Address of property: _____ Assessors Map: _____ Parcel: _____

Owner of Record: _____ Date of Application: _____

Address of Owner: _____

Telephone Numbers Home () _____ Work () _____ Cell () _____

3. Description of Proposed Construction Project or Request

Propose Work:

New Construction ___ or Existing Building ___ Addition ___ Renovation ___ Accessory Building ___ Demo ___
Shed ___ Roofing ___ Siding ___ Window Installation ___ Pool Above ground ___ Pool In ground ___
Remodeling Basement ___ Remodeling Kitchen ___ Remodeling Other ___

Brief Description of Proposed Work

: _____

Supply any additional information on separate paper

4. Zoning Information Section (A). Zoning District (circle one) **C VB HB HD NB FBD RB IP MUI GR R RR**

Lot area: _____ Frontage: _____ Building Height: _____ Min lot width: _____

Historical District Y/N _____ Flood Plain District: Y/N _____ Priority Development Site _____ Wellhead Protection Overlay _____ Residential Office Overlay _____ Within 100 feet Wetland Y/N _____ Within 200 Stream/ River Y/N _____

Type of Building _____ Current Use of Building _____ Proposed Use of Building _____

(B). Zoning setback requirements for in your district

Front set back

Side set back

Rear set back

REQUIRED / PROVIDED REQUIRED / PROVIDED REQUIRED / PROVIDED

5. Plot Plan Section (Distances from proposed construction project)

In Accordance with 5110.7 and 110.10_Plot_Plan Must Be Submitted

1. Showing the property dimensions
2. Location of all existing structures
3. Location of all proposed construction
4. Distance to septic system if applicable
5. Distance to water supply
6. Distance to any wetlands
7. The proposed dimensions between these items and the property boundary lines

6. Construction Documents Section

At a Minimum Checklist

1. Plot plan where applicable as described in section 2 above _____
2. Foundation plans and details (as necessary) _____
3. Floor plans (including basement and attic level if applicable) _____
4. Exterior building elevations _____
5. Framing plans and sections adequately depicting structural systems _____
6. Schedules, Legends and Details, Adequately depicting Doors, Windows and related materials _____
7. Fire protection system _____
8. Energy conservation information (Res/ Com check) _____

7. Construction Services

Licensed Construction Supervisor

Must supply copies of license

Name: _____ License Number: CS _____

Address _____ Date of Expiration: _____

Signature of Licensee: _____ Date of Signature: _____

Telephone Numbers; Home: _____ Work: _____ Cell: _____

Registered Home Improvement Contractor

Must Supply Copies of registration

Company Name: _____ Registration Number: _____

Company Address: _____ Date of Expiration: _____

Contractors Name: _____ Address: _____

Signature of Contractor: _____ Date of Signature: _____

Telephone Numbers; Home: _____ Work: _____ Cell: _____

8. Commercial Section (Skip this section if construction project involves 1-2 family dwelling)

1. Current use group _____
 2. Current construction type _____
 3. Purpose use group _____
 4. Proposed construction type _____
 5. Existing hazard index _____
 6. Purposed hazard index _____
- SPECIFY _____

9. Construction Cost

Commercial Construction Cost

1. Building _____
2. Electrical _____
3. Plumbing _____
4. Mechanical(HVAC) _____
5. Fire Protection _____
6. Total Cost _____

Residential Construction Cost

1. Building _____
2. Electrical _____
3. Plumbing _____
4. Mechanical(HVAC) _____
5. Fire Protection _____
6. Total Cost _____

9A. Fee schedule approved by the Town of Boylston, Board of Selectmen, April, 1, 2010

New Building and Additions _____ \$125.00 Per Square foot calculation
Residential and Commercial

Garage, Decks, Porches, Sun Rooms, Basements Renovations, Etc. _____ \$50.00 Per Square foot calculation
Minimum Permit fee \$ 100.00 per two inspections

\$ 10.00 per \$ 1,000.00 with signed contract amount
Special Inspection/ Inspector and Plan Review, Other Miscellaneous Fees, Paid by Applicant
Residential Flat Fees

Roofing, Siding, Residential Replacement Windows, Residential Demolition, Sheds, Woodstoves, Coal Stoves,
Pellet Stoves, Fireplace, Chimney, Accessory Building, Above-ground Swimming Pool, Certificate of
Occupancy, Certificate for Change of Use, Other _____ \$ 50.00
Temporary Mobile Homes _____ \$ 150.00
Each additional month _____ \$ 75.00
In-ground Pools _____ \$ 200.00
Lost or Damaged Permit Card _____ \$ 100.00

Fines and Fees for Violation to Building Permit Fees
\$ 200.00 and/or Double the Permit Fee \$ 50.00 Re-Inspection Fee
Permits are not considered issued until they are paid for and posted on construction site.

The Building Official reserves the right to determine fees not specified per I.C.C. schedule
All fees are based on which ever is greater, round up to the nearest thousand.

INFORMATION AND INSTRUCTIONS

Massachusetts General Law Chapter 152 requires all employers to provide worker's 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 representative 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 (as) and phone number(s) along with their certificate(s) of Insurance, Limited Liability Companies (LLC) or Limited Liability Partnership (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 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 application 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 Boylston, MA." 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 homeowner 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 Investigation 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:

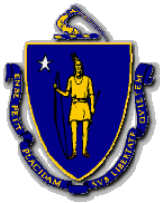
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel# 617-727-4900 Ext 406 or 1-877- MASSAFE

www.mass.gov/dia

Fax# 617-727-7749

10. Worker, Compensation Affidavit



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:

- | | |
|---|---|
| 1. <input type="checkbox"/> I am employer with _____ employees (full and/or part-time).* | 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 Workers' comp. insurance. |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. (No worker's comp. insurance required.) † | 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 worker's Comp. insurance required.] |
| 3. <input type="checkbox"/> I am homeowner doing all work Myself. (No workers' comp. Insurance required.) † | |

Type of project (required):

- | |
|--|
| 6. <input type="checkbox"/> New construction |
| 7. <input type="checkbox"/> Remodeling |
| 8. <input type="checkbox"/> Demolition |
| 9. <input type="checkbox"/> Building addition |
| 10. <input type="checkbox"/> Electrical repairs or additions |
| 11. <input type="checkbox"/> Plumbing repairs or additions |
| 12. <input type="checkbox"/> Roof repairs |
| 13. <input type="checkbox"/> 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 their workers' comp. policy information

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 official.

Town of Boylston: _____ **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 #:** _____

11. Homeowners Exemption Affidavit

Mass State Building Code Section 108.3.5 and 5116.1

The current exemption for "**Homeowner**" was extended to include **owner-occupied dwellings** of two (2) units or less and to allow such homeowner to engage an individual for hire that does not possess a license provided that the **Owner acts as the supervisor**.

Mass State Building Code

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 is intending to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structure. [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.

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 Boylston's Division of Inspectional Service, Department of Code Enforcement minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

The code states that "Any Homeowner performing work for which a building permit is required shall be exempt from the provisions of this section (Section 108.3.5 Licensing of Construction Supervisors) provided that if a homeowner engages a person(s) for hire to do such work, that such Homeowner shall act as supervisor."

Homeowners who use this exemption are assuming the responsibility of the supervisor

(See CMR-5 Rules and Regulations for Licensing Construction Supervisor,)

This lack of awareness often results in serious problems, particularly when the Homeowner hires an unlicensed person. In this case the BBRS cannot proceed against the unlicensed person as it would with a licensed Supervisor.

The Homeowner acting as a Supervisor is ultimately responsible.

To ensure that the Homeowner is fully aware of his/her responsibilities, as part of the permit application.

*The Homeowner certify that he/she understands the Responsibilities of a Supervisor,
And accepts full responsibilities for complying with the Code and all applicable State, Federal and Town of Boylston's By-Laws and Rules and Regulations*

Homeowners Signature: _____ Date: _____

12. Debris Disposal Affidavit

In accordance with MGL 40 Section 54.

The authorized agent for this project stipulates that all debris resulting from this project SHALL be disposed of in a properly licensed solid waste disposal facility as defined in MGL 111, Section 150A The authorized agent will notify, in writing, to the building department and supply the appropriate forms with the name and address of waste facility for attachments to the building permit no later than 2 months for issuance of the building permit.

*Failure to supply this information will result with a stop work order and possible fines. **Check Section 15 for asbestos removal***

Name and Address of Waste Facility: _____

Authorized Agents Signature: _____ Date: _____

13. Owners Consent Release

I _____ as the Owner of record, I hereby authorize _____ to act on my behalf, in all matters relating to the work authorized by the building permit,

Owners Signature: _____

Date: _____

14. Declaration Statement

Signed under the Pains and Penalties of Perjury.

I, _____, as the Owner/ Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Owners/ Authorized Agents Signature: _____ Date: _____

Supplemental Permit Information is required for these certain projects

15. Supplement Demolition and Debris Disposal Application

5112.1/112.1 Service Connections. Before a detached one- or two-family dwelling is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a detached one- or two-family dwelling shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 5111.5. All applications for demolition of any structure must attach the following forms and sign offs of all utilities.

NESHAPS Building Survey for Asbestos Material: _____

ANF-001 Massachusetts Asbestos Removal Notification: _____

BWF-AQ-06 DEP Demolition Notification: _____

Electric Company	Date	Gas Company	Date
Sewer Superintendent	Date	Water Superintendent	Date
Police Department	Date	Fire Department	Date

5112.2/112.2 Notice to Adjoining Owners. Only when written notice has been given by the applicant to the owners of adjoining lots and to the owners of wired or other facilities, of which the temporary removal is necessitated by the proposed work, shall a permit be granted for the removal of a detached one- or two-family dwelling or structure

16. Supplement Pool Permit Application

Permit: Application for a permit shall be made by the owner of the building or structure or authorized representative. Also, all permit applications for in-ground pools shall contain the name and license number of the construction supervisor who is to supervise the construction (or stamped engineered drawings) and the Home Improvement Contractor's registration number.

	Item / Inspection Type	Inspections By:	In ground Gunite Pool	In ground Vinyl Pool	Above / On Ground Pool
1	Excavation Inspection	Building Inspector	Yes	Yes	Yes
2	Rough Electrical / Trench Inspection	Electrical Inspector	Yes (1)	Yes (1)	Yes (1)
3	Form Inspection	Building Inspector	Yes	Yes	No
4	Certified Plot Plan ("as built" plan)	Where Applicable	Yes	Yes	N/A
5	Enclosure (Fence) Inspection 2	Building Inspector	Yes	Yes	N/A
6	Final Electrical Inspection	Electrical Inspector	Yes (1)	Yes (1)	Yes (1)
7	Permanent Enclosure (Fence) Inspection Final Building Inspection	Building Inspector Building Inspector	Yes Yes	Yes Yes	N/A Yes
8	Issuance of Certificate of Use and Occupancy (4)	Required Item	Yes	Yes	Yes

1. An electrical permit is a separate permit from the building permit, inspections are done by the Electrical Inspector.

2. An Approved Enclosure (Fence) is required to completely surround every outdoor swimming pool; minimum requirement is for a temporary fence prior to placing water into pool. (48")

A fence is not required when an on/above ground pool wall is 48" or greater in height above the Surrounding finished grade.

* Swimming pools shall not be used until the Certificate of Use and Occupancy is issued by the Building Inspector.

N/A - Not Applicable, not required

References: Massachusetts State Building Code, 780 CMR 421.0

I understand that I am responsible for the above items and Required Inspections. Re-inspections \$50.00 fee

Name of Homeowner (please print) _____

Address: _____

Signature: _____ Date: _____

17. Sign Application

Address: _____
Owner of Address: _____
Occupant of Address: _____ Telephone Number: _____
Number of Signs: _____ Locations of Building (Front) _____ (Rear) _____ (Right Side) _____ (Left Side) _____
Sign Type: _____ Sign Size: _____
(Wall) _____ (Free Standing) _____ (Pole) _____ Height) _____ (Width) _____ Total Square Feet _____
Lighting Y/N Internal _____ External _____
Other Sign Locations: _____
Installation By: _____

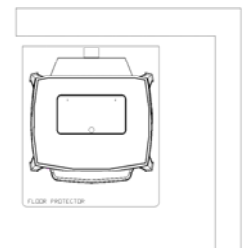
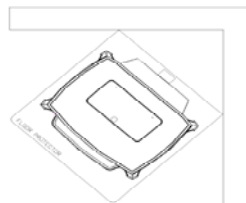
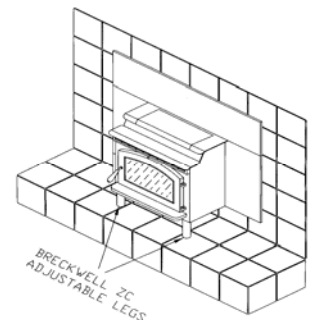
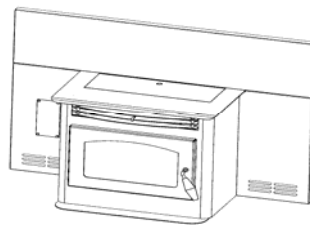
18. Solid fuel burning Appliance

Location of Appliance in Residence: _____
Type of Appliance; (Wood) _____ (Pellet) _____ (Coal) _____ BTU'S rating _____
Manufacturer's Name: _____ Model _____
Serial # _____ Testing lab _____ Date Tested _____
Size of pipe _____ Sub Floor Material Non- Combustible Y/N _____ Material _____
Testing Agency _____

Location
(Insert) _____ (Corner) _____ (Wall) _____ (Wall Center) _____ (Diagonale Corner) _____

Clearances Required By Manufacturer

Rear _____ Front _____ Right Side _____ Left Side _____
Diagonal Corner Rear Left Side _____
Diagonal Corner Rear Right Side _____
Diagonal Corner Front Left Side _____
Diagonal Corner Front Right Side _____
To Mantel _____ To Cornice _____



Clearances Provided By Installer

Rear _____ Front _____ Right Side _____ Left Side _____
Diagonal Corner Rear Left Side _____
Diagonal Corner Rear Right Side _____
Diagonal Corner Front Left Side _____
Diagonal Corner Front Right Side _____
To Mantel _____ To Cornice _____

