



TOWN OF ACTON

BUILDING PERMIT APPLICATION

TOWN OF ACTON

INFORMATION AND INSTRUCTIONS:

1. **WHEN REQUIRED:** A building permit is required whenever a project includes construction, reconstruction, alteration, repair, removal or demolition of a structure; change of use or occupancy of a building or a structure; or installation or alteration of any equipment that is regulated by the Commonwealth of Massachusetts State Building Code.
2. **PENALTY:** Failure to obtain a building permit or starting work before a permit is issued may result in increased permit fees, fines up to \$1000 per day, imprisonment or any or all of the foregoing.
3. **APPLICATION:** Application must be made by the owner or his/her authorized agent. Forms must be thoroughly and accurately completed. Accuracy and completeness will directly effect the time required to process the application through the Engineering, Planning, Conservation, Health and Building Departments. The State Building Code provides that the Building Department shall review a building permit application within thirty (30) days after filing. For purposes of this section, the permit is not considered to have been filed until other departments have approved it and it is returned to the Building Department for zoning and building code review.
4. **PLANS AND SPECIFICATIONS:** Every application must be accompanied by two (2) copies of specifications and plans drawn to scale, with sufficient clarity, detail and dimensions to show the nature and character of the work to be performed. This information will be thoroughly reviewed to determine code compliance. Again, the degree of completeness and accuracy will have a direct bearing on the time required for review and approval.

Plans should include but not be limited to:

- A. A scale plan of the lot, drawn and stamped by a registered land surveyor. This plan should show dimensions of the lot, locations and dimensions of all existing and proposed structures, easements, septic systems, location of any Flood Plain on the lot, etc.
 - B. Foundation plan with anchor bolt locations and clearly showing a minimum four (4) foot depth to bottom of all footings.
 - C. Structural, mechanical and electrical plans in sufficient detail to determine code compliance. (Include exterior building envelope component materials with U-values, R-values, heat loss information. HVAC sizing, etc. for energy code compliance.) Any changes or modifications to the approved plans must be submitted in writing for the Building Commissioner's approval.
5. **STAMPED PLANS:** Plans and specifications for any building containing more than 35,000 cubic feet of enclosed space must be stamped and signed by a qualified registered professional engineer or architect.
 6. **POSTING PERMIT:** The building permit must be posted at the site in clear view and protected from the weather at all times until the Certificate of Use and Occupancy is issued.
 7. **OCCUPANCY:** Upon completion of the work and prior to occupancy a Certificate of Occupancy form must be obtained from the Building Department and all applicable signatures affixed prior to final inspection and sign-off by the Building Inspector.
 8. **EXPIRATION:** A building permit expired if the work authorized is not started within six (6) months of issuance and continued through, in good faith, to completion.
 9. **GENERAL:** The building permit will indicate specific points in the construction process at which inspections must be made. No work should proceed until each of these phases has been inspected and signed off by the appropriate inspector. It is the applicant's responsibility to notify each inspector at least 24 hours in advance of each required inspection. At the rough inspection the electrical, plumbing and fire department approvals must be obtained prior to seeking approval of the building inspector.
 10. If you require any additional information please contact the Building Department at 264-9632 between the hours of 8:00 - 5:00. We look forward to assisting you with your project.
 11. Permit fees are not reimbursable, not transferable, nor does payment guarantee issuance of a Building Permit.



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th 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: _____ | | 1.2 Assessors Map & Parcel Numbers | |
| 1.1a Is this an accepted street? yes _____ no _____ | | Map Number _____ | Parcel Number _____ |
| 1.3 Zoning Information: | | 1.4 Property Dimensions: | |
| Zoning District _____ | Proposed Use _____ | 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 <input type="checkbox"/> Private <input type="checkbox"/> | 1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/> | 1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/> |
|--|--|---|

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____
Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 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 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

| Type | Description |
|------|---|
| U | Unrestricted (up to 35,000 Cu. Ft.) |
| R | Restricted 1&2 Family Dwelling |
| M | Masonry Only |
| RC | Residential Roofing Covering |
| WS | Residential Window and Siding |
| SF | Residential Solid Fuel Burning Appliance Installation |
| D | Residential Demolition |

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

Registration Number _____

Expiration Date _____

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.

Signature of Owner _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or 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.

Print Name _____

Signature of Owner or Authorized Agent _____

(Signed under the pains and penalties of perjury)

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

| | |
|-----------------------------------|--|
| Total floors 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"

State Building Code _____ Zoning _____ Conservation _____ Board of Health _____ Engineering _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
www.mass.gov/dia
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit: Builders/Contractors/Homeowners

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 an 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 workers' 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 workers' comp insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [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 that 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 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. License # _____ 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 25 A of MGL 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 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

City or town: TOWN OF ACTON Building Permit Application

Contact Person: _____ Phone #: 978-264-9632