



TOWN OF SHERBORN

Building Department
19 Washington Street
Sherborn, MA 01770
774-270-5643 phone

Chris Canney
Building Commissioner
Zoning Code Enforcement
inspector@sherbornma.org

**BUILDING PERMIT APPLICATION TO CONSTRUCT REPAIR, RENOVATE, OR DEMOLISH A
ONE- OR TWO-FAMILY DWELLING¹**

SECTION 1: SITE INFORMATION

Applicable to all permit applications:

PROPERTY ADDRESS: _____

Applicable to new construction and additions:

ZONING DISTRICT: _____ **PROPOSED USE:** _____

LOT AREA (square feet): _____ **FRONTAGE (feet):** _____

BUILDING SETBACKS (feet): Front yard: _____ Side yards: _____ Rear yard: _____

Applicable to new construction only:

ASSESSORS MAP AND PARCEL NUMBERS: Map: _____ Parcel: _____

WATER SUPPLY (check one): Public Private **FLOOD ZONE:** Zone: _____ If outside, check here

SECTION 2: PROPERTY OWNERSHIP

OWNER NAME (PRINT): _____

OWNER ADDRESS: _____
No. and Street City, State, ZIP

OWNER CONTACT: _____
Telephone number Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

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

DESCRIPTION OF PROPOSED WORK: _____

¹ All sections must be completed for all permit applications, with the exception of those listed in Section 1.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	OFFICIAL USE ONLY
1. Building	\$	Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee/Minimum Fee (see fee sched.) <input type="checkbox"/> Total Project Cost (Item 6) x multiplier _____ x \$0.010 Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ <i>All payments to be submitted through the <u>Town of Sherborn's</u> Collector's office. Please attach a receipt with the application package</i>
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. TOTAL PROJECT COST	\$	

SECTION 5: CONSTRUCTION SERVICES

Construction Supervisor License (CSL) Information	
Name of CSL Holder	License Number _____ Expiration Date _____
No. and Street Name	CSL Designation (check all that apply): <input type="checkbox"/> CS (unrestricted) <input type="checkbox"/> CSFA (one- and two-family) <input type="checkbox"/> 1A (masonry) <input type="checkbox"/> RF (roofing) <input type="checkbox"/> SF (solid fuel) <input type="checkbox"/> WS (windows, siding, doors) <input type="checkbox"/> demolition <input type="checkbox"/> IS (insulation)
City / Town, State, ZIP	<i>Please attach a photocopy of a current, valid, Construction Supervisor's License to this application</i>
Telephone Number _____ Email Address _____	

Home Improvement Contractor (HIC) Information (if applicable)	
HIC Company Name or HIC Registrant Name	HIC Registration Number _____ Expiration Date _____
No. and Street Name	City / Town, State, ZIP
Telephone Number _____ Email Address _____	<i>Please attach a photocopy of a current, valid HIC registration certificate to this application</i>

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

A 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 a building permit for the project described in Section 3 of this application.

SECTION 7: OWNER AUTHORIZATIONS AND PERMISSIONS

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.

Printed Owner's Name _____ Owner's Signature _____ Date _____

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.

Printed Owner's Name _____ Owner's Signature _____ Date _____

This Section is for official use only			
Building Permit Number: _____	Issued: _____	Applied: _____	Building Official: _____



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 a 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 #: _____

TOWN OF SHERBORN BUILDING PERMIT

DEBRIS DISPOSAL AFFIDAVIT

IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS DEBRIS DISPOSAL PROVISIONS OF MASSACHUSETTS GENERAL LAW CHAPTER 40, SECTION 54, A CONDITION OF BUILDING PERMIT NUMBER _____ FOR DEMOLITION, RENOVATION, REHABILITATION, OR ALTERATION WORK TO A BUILDING OR STRUCTURE IS THAT THE DEBRIS RESULTING FROM THIS WORK SHALL BE REMOVED FROM SITE AND DISPOSED OF IN A PROPERLY LICENSED SOLID WASTE DIPOSAL FACILITY AS DEFINED BY MGL C111, S150A.

NO WASTE CONTAINER IS TO BE PLACED ON SITE WITHIN 25 FEET OF A BUILDING PER ORDER OF THE SHERBORN FIRE CHIEF.

Location of facility or name
of licensed Disposal Company _____

Construction site address _____

Signature of permit applicant _____

Date _____

**NO DEBRIS IS TO BE LEFT OR BURIED ON SITE.
VIOLATIONS MAY RESULT IN FINES BEING IMPOSED.**

**TOWN OF SHERBORN
BUILDING DEPARTMENT**

PERMIT NUMBER _____

**Office of Consumer Affairs and Business Regulations
AFFIDAVIT
Home Improvement Contractor Registration Law**

M.G.L., CHAPTER 142A SECTION 2 REQUIRES the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any pre-existing owner occupied building of one and two family dwelling units, or to structures which are adjacent to such residences or building be done by home improvement registered contractors with certain exceptions, along with other requirements.

Type of work: _____

Address of work: _____

Total Cost of Contract: _____

Owners Name: _____

Contractor: (Print) _____

I hereby certify that registration is not required for the following reason;

Work excluded by law Work under \$1,000. Building not owner occupied

Owner pulling own permit. Other _____

SIGNED UNDER PENALTIES OF PERJURY:

I hereby apply for a permit as the agent of the owner. I have provided the home owner with all the Home Improvement Contractor Registration information and the Required Contract Terms per M.G.L. Chapter 142A.

Contractor _____ Date _____ Reg. No. _____

Notice is hereby given that: if the homeowner obtains their own permit they will be excluded from the Guaranty Fund.

Notwithstanding the above notice I hereby apply for a permit as the owner of above property.

Homeowner _____ Date _____

Town of Sherborn IECC Compliance Sheet

Completely fill out all information that applies, omissions will cause denial of application.

Owners Name: _____ Permit Applicant Name _____
Job Address _____ Applicant Phone # _____

Please check what applies to your project:

- New Home Renovation or Repair
 Addition Door & Window Replacements

For Doors and Window Replacement Only

(Table 402.1.1)

WINDOWS

of windows _____

U-Factor _____

DOORS

of Doors _____

U-Factor _____

Note: Please have window stickers or factory affidavit on site for inspection for compliance with U-Factor requirements.

New Homes, Additions, Alteration, Renovations or Repair Compliance Options

Submittal :

- Prescriptive (see below)
 ResCheck, ComCheck or
other Computer Base Software
Please List _____

Field Compliance:

- Door Blower Test (Section 402.4.2.1)
 Visual Inspection Option (Section 402.4.2.2)
 Duct Testing (Section 403.2.2) - (required if ducts and air handler are
not completely located within the conditioned space)

- Home Energy Rating Score (HERS) (Chapter 61 Amendment)

Prescriptive Option (Table 402.1.1):

Ceiling R-Values _____ Basement Wall R-Value _____
Wood Frame Wall R-Values _____ Slab R-Value & Depth _____
Mass Wall R-Value _____ Crawl Space Wall R-Value _____
Floor R-Values _____

Exceptions (Section 101.4.3) - I meet one of the following exceptions;
please provide the number for the exception I meet in section 101.4.3: # _____

Compliance Statement: The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2009 IECC.

Name - Title _____ Signature _____ Date _____

Town of Sherborn

ENVIRONMENTAL PROTECTION and CONTROL FORM

This form must be completed for new building permit applications.

Address of project: _____

Type of work: _____

Agent or Homeowner: _____ **Date:** _____

1. Stormwater discharge from disturbances of an acre or more are regulated by the U. S. Environmental Protection Agency under the National Pollution Discharge Elimination System (NPDES, Phase II). This includes disturbances that occur in stages and encompass an acre or more in aggregate area. Projects of this scope must receive a permit from U.S. EPA to allow storm water discharge. If the expected work will exceed this limit a plan showing control measures must be filed.

ESTIMATED SIZE OF AREA TO BE DISTURBED _____

If 1 acre or greater speak with Conservation Agent or Building Inspector.

2. Priority Habitat areas are regulated under the Massachusetts Endangered Species Act and require filing if applicable. Applicant should check with the Conservation Agent for determination according to the Massachusetts Natural Heritage Atlas. (MESA filing is required even if no work is proposed within a wetland or buffer zone.)

IS THE PROJECT LOCATED IN A PRIORITY HABITAT AREA? YES [] NO []

If YES speak with the Conservation Agent about filing requirements.

3. Flood hazard areas require flood-resistance construction under the Massachusetts State Building Code 780 CMR 3107.0, Flood-Resistance Construction. Applicant should check with the Building Inspector for determination according to the Flood Insurance Rate Map.

IS THE BUILDING LOCATED IN A FLOOD HAZARD AREA? YES [] NO []

If YES check with Building Inspector for code requirements.

PERMIT NUMBER _____ DATE _____

Approved: _____
Conservation Agent

Building Official

**OWNER'S CERTIFICATION of NEGATIVE IMPACT of MINOR CONSTRUCTION
of
WELLS AND SEPTIC SYSTEMS**

For **minor building projects** noted in "Board of Health Regulations – Appendix A" which do not require certification of proper operation nor upgrading of the existing septic system, the option is provided, via this form, for the applicant to provide signed certification that the proposed project has no impact on any existing well or septic system.

Property address: _____
Type or Print

Project description: _____
Type or Print

Property Owner(s): _____
Type or Print

- (1.) I know the true and accurate location of all wells on the property and location of all water piping from the well(s) to the building(s) served by the well(s)
AND
No part of the proposed project is closer than 10' (ten feet) to the well nor is it over any part of the piping.
OR
This project has NO impact outside the existing building foundation(s).

- (2.) I know the true and accurate location of all parts of the septic system(s) on the property
AND
No part of the proposed project foundation is within 20' (twenty feet) of the leaching field or cesspool, closer than 10' (ten feet) to the septic tank, nor over any other part of the septic system.
OR
This project has NO impact outside the existing building(s) foundation.

- (3.) This project does not include the installation of an ejector pump, a garbage grinder, a water treatment system, nor any new or additional equipment discharging water to the sanitary drain.

- (4.) The construction activity of this project will not involve any vehicular traffic over any part of the well(s) and/or septic system(s).

I do hereby state that I know that the above statements #1 - #4 are true and accurate

AND

Should the truth and accuracy of the above information be in error as regards this project, I do hereby take complete responsibility for any consequences of such errors.

Owner's signature: _____ Date: _____

Witness' signature: _____ Date: _____

[The Owner's signature must be witnessed by a Board of Health member, Board of Health Administrator, Administrative Assistant, or Agent, the Town Building Inspector, or a member of the Select Board's regular office staff. A Contractor MAY NEITHER SUBMIT NOR SIGN this form on behalf of the owner.]

Submit completed form to the Board of Health