



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 DWELLING**

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 Town of Sherborn's 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	
Telephone Number _____ Email Address _____	<i>Please attach a photocopy of a current, valid, Construction Supervisor's License to this application</i>

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: _____

TOWN OF SHERBORN
19 Washington Street, Sherborn, MA 01770
BUILDING DEPARTMENT
508-651-7851 Fax: 508-651-7854

REQUIREMENTS FOR DEMOLITION PERMIT

1. **Copy** of Commonwealth of Massachusetts / Department of Labor and Industries "Notification of Asbestos Work", if asbestos work is involved. (MGL 310 CMR 7.00 – DEP)
2. **Pest Extermination** certificate from a certified pest control company.
3. **Utilities Disconnected** – Form supplied must be completed and signed off by respective utility department representatives.
4. **Application for abandonment** of subsurface sewage disposal system and signed affidavit of work completed by appropriate contractors.
5. **Solid waste** debris disposal affidavit. (MGL 111.5150A.)
6. **Notice to adjoining property owners** – It is strongly recommended that notification be made as a courtesy to the abutters in writing of the intent to demolish.
7. **Property plot plan** of existing property and building(s).
8. **Historical Significance** – If building is in the historic district, no work is to be done before Historic District Committee review and approval.
9. **Application** must be signed by property owner only.
10. **Submit Building Permit Application** for demolition as a complete package along with fee. Application will not be processed unless completed as outlined above.

DEBRIS ON SITE IS TO BE KEPT UNDER CONTROL AT ALL TIMES. KEEP SITE AND VACINITY TIDY.

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 DEMOLITION PERMIT
UTILITIES DISCONNECT FORM**

Demolition site address _____

Name of Contractor _____

Name of property owner _____

Signature of property owner _____

This verifies that the following utilities having service connections within the above addressed building have been removed, and their respective service connections and related fixtures and equipment have been removed, sealed or capped in a safe manner.

ELECTRIC _____
Authorized Signature Date Title

WATER _____
Authorized Signature Date Title

SEWER _____
Authorized Signature Date Title

OIL TANK _____
Fire Dept Authorized Signature Date Title

PROPANE _____
Fire Dept Authorized Signature Date Title

Propane gas tanks to be removed or safely stored on site before demolition begins. (Fire Department to make determination) Tanks and/or oil recovery removal by qualified contractors only.

FINAL WALK THRU INSPECTION

Building Inspector

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

DEMOLITION OF STRUCTURES

NOTICE TO ADJOINING OWNERS

Adjoining owner is any property that is within 300 feet of a property line where the work will occur
As a matter of courtesy it is requested that notice be made to the Adjoining Owners

The Following Adjoining Owners Have Been Notified Of Demolition Of Structure

Located At: _____

Name

Address

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Applicant _____ Date _____

MERCURY RECOVERY PROGRAM

TOWN OF SHERBORN

Mercury Thermostat Disposal Regulation
(Applies to demolition or new replacement)

All mercury thermostats are to be turned into the Selectmen's Office for proper disposal.

There is no charge for this service.

Failure to comply provides fines of \$100.00 per incident (per thermostat)

Address Of Work Site _____

Type of Work _____

Contractor _____

Address _____ Phone _____

Number of thermostats involved _____

Number of thermostats turned in _____

Receipt of mercury thermostats by: _____
SELECTMENS OFFICE

OFFICAL USE ONLY BELOW THIS LINE

Demo permit number _____ Date of issue _____

ATTENTION CONTRACTORS!

Mercury Recovery Program



KEEP MERCURY FROM RISINGSM

Town of Sherborn

Regulation: Mercury Thermostat Disposal

Fine Per Incident: \$100.00 Per Incident (Per Thermostat)

Bring Thermostats to:

Selectmen's Office

KEEP MERCURY FROM RISINGSM is a registered Service Mark of the Integrated Waste Services Association and its member companies.

Sponsored By:

TOWN OF SHERBORN
19 Washington Street, Sherborn MA 01770
BOARD OF HEALTH

APPLICATION FOR ABANDONMENT OF SUBSURFACE
SEWAGE DISPOSAL SYSTEM

Date of Application _____

Name of Property Owner _____
Address _____
Telephone No. _____

Address of system abandonment

I hereby apply for permission for abandonment of subsurface sewage disposal system.
I understand that the demolition permit requires Abandonment Of Subsurface Sewer
System Affidavit be completed and submitted before demolition of the structure begins.

Signature of Home Owner _____

Abandonment of the system requires the following 3 procedures and signoff
From the appropriate contractor performing phase of work.

1. The cesspool/septic tank must be pumped of its entire contents by a licensed septage hauler permitted to operate in the Town of Sherborn. Septage hauler must sign affidavit that the cesspool/septic tank has been pumped.
2. Disconnect and cap off the sewage pipe. Detach sewer pipe on the exterior side of the foundation. Caps installed on end of structure pipes unless pipes are removed. Make disconnection only after the water supply has been discontinued to the structure.
3. The tank shall be excavated and removed from the site, or the bottom of the tank shall be opened/ruptured after being pumped of its contents so as to prevent retaining of water and the tank shall be completely filled with clean sand/gravel, or the cesspool may be crushed in place with a layer of sand/gravel on the bottom and back filled.

TOWN OF SHERBORN
19 Washington Street, Sherborn MA 01770
BOARD OF HEALTH

**ABANDONMENT OF SUBSURFACE SEWAGE DISPOSAL SYSTEM
AFFIDAVIT OF WORK COMPLETION**

Name of property owner _____

Address of system abandonment _____

The following phases of work to be signed by contractor performing work of septic system removal and submitted for Board of Health Agent review.

The cesspool/septic tank has been pumped of its entire contents.

Name of company _____

Address _____ Tel. No. _____

Signature of Company Rep. _____ Date _____

Signoff by BOH Agent _____ Date _____

Sewage pipes have been disconnected and capped in accordance with application for abandonment or pipes have been removed.

Name of company _____

Address _____ Tel. No. _____

Signature of Company Rep. _____ Date _____

Signoff by BOH Agent _____ Date _____

The tank has been removed from the site, _____ or the bottom of the tank has been opened/ruptured _____ as to prevent retainage of water and the tank has been completely filled with clean sand/gravel, or _____ the cesspool has been crushed in place with a layer of clean sand/gravel on the bottom and back filled.

Name of Company _____

Address _____ Tel. No. _____

Signature of Company Rep. _____ Date _____

Signoff by BOH Agent _____ Date _____