



# The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

## Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_  
Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 2)

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational

F: Factory F-1  F2  H: High Hazard H-1  H-2  H-3  H-4  H-5

I: Institutional I-1  I-2  I-3  I-4  M: Mercantile  R: Residential R-1  R-2  R-3  R-4

S: Storage S-1  S-2  U: Utility  Special Use  and please describe below:

Special Use Description:

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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**Railroad right-of-way:**  
Not Applicable   
or Consent to Build enclosed

**Hazards to Air Navigation:**  
Is Structure within airport approach area?  
Yes  or No

MA Historic Commission Review Process:  
Is their review completed?  
Yes  No

### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_  
Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_  
Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, the property owner hereby authorizes:

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)**

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here  .

Otherwise provide construction control forms (see section 107 in the code) as required.

**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

Name (Registrant) _____	Telephone No. _____	e-mail address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

**10.2 General Contractor**

Company Name \_\_\_\_\_

Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes  No

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____  Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)  Enclose check payable to _____ (contact municipality) and write check number here _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

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.

Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

### Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address			Registration Number
Street Address	City/Town	State	Zip		Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address			Registration Number
Street Address	City/Town	State	Zip		Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address			Registration Number
Street Address	City/Town	State	Zip		Discipline    Expiration Date

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

**Appendix 2**  
**(For total demolition only)**

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City /Town	Zip	Name of Building (if applicable)
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Assessors Map #	Block # and/or Lot #
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (if applicable)	



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 #: \_\_\_\_\_

<b>Are you an employer? Check the appropriate box:</b> 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		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. ‡ 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.]	<b>Type of project (required):</b> 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 _____
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\*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 #: \_\_\_\_\_

<b>Official use only. Do not write in this area, to be completed by city or town official.</b>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (circle one):</b> 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:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Renovation or Repair       |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Door & Window Replacements |

**For Doors and Window Replacement Only**  
(Table 402.1.1)

<p><b>WINDOWS</b></p> <p># of windows _____</p> <p>U-Factor _____</p>	<p><b>DOORS</b></p> <p># of Doors _____</p> <p>U-Factor _____</p>
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**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**

<p>Submittal :</p> <p><input type="checkbox"/> Prescriptive (see below)</p> <p><input type="checkbox"/> ResCheck, ComCheck or other Computer Base Software Please List _____</p> <p><input type="checkbox"/> Home Energy Rating Score (HERS) (Chapter 61 Amendment)</p>	<p>Field Compliance:</p> <p><input type="checkbox"/> Door Blower Test (Section 402.4.2.1)</p> <p><input type="checkbox"/> Visual Inspection Option (Section 402.4.2.2)</p> <p><input type="checkbox"/> Duct Testing (Section 403.2.2) - (required if ducts and air handler are not completely located within the conditioned space)</p>
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**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**