

 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code</p>	<p>FOR MUNICIPALITY USE</p>
<p>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING</p>	

<p>This Section For Official Use Only</p>	
<p>Building Permit Number: _____</p>	<p>Date Issued: _____</p>
<p>Signature: _____ <div style="display: flex; justify-content: space-between;"> Building Commissioner/Inspector of Buildings Date </div> </p>	

<p>SECTION 1 - SITE INFORMATION</p>																							
<p>1.1 Property Address</p> <p>_____</p> <p>_____</p>			<p>1.2 Assessors Map & Parcel Number:</p> <p>_____</p> <p>Map Number _____ Parcel Number _____</p>																				
<p>1.3 Zoning Information:</p> <p>Zoning District _____ Proposed Use _____</p>			<p>1.4 Property Dimensions:</p> <p>Lot Area (sf) _____ Frontage (ft) _____</p>																				
<p>1.5 Building Setbacks (ft)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yards</th> <th colspan="2">Rear Yard</th> </tr> <tr> <th>Required</th> <th>Provided</th> <th>Required</th> <th>Provided</th> <th>Required</th> <th>Provided</th> </tr> <tr> <td></td> <td></td> <td>/</td> <td>/</td> <td></td> <td></td> </tr> </table>						Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided			/	/		
Front Yard		Side Yards		Rear Yard																			
Required	Provided	Required	Provided	Required	Provided																		
		/	/																				
<p>1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/></p>		<p>1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/></p>		<p>1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/></p>																			

<p>SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT</p>	
<p>2.1 Owner of Record:</p> <p>Name (Print) _____ Address: _____</p> <p>Signature _____ Telephone _____</p>	
<p>2.2 Authorized Agent:</p> <p>Name (Print) _____ Address: _____</p> <p>Signature _____ Telephone _____</p>	

<p>SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE</p>	
<p>3.1 Licensed Construction Supervisor:</p> <p>Licensed Construction Supervisor: _____</p> <p>Address _____</p> <p>Signature _____ Telephone _____</p>	<p>Not Applicable <input type="checkbox"/></p> <p>License Number _____</p> <p>Expiration Date _____</p>
<p>3.2 Registered Home Improvement Contractor:</p> <p>Company Name _____</p> <p>Address _____</p> <p>Signature _____ Telephone _____</p>	<p>Not Applicable <input type="checkbox"/></p> <p>Registration Number _____</p> <p>Expiration Date _____</p>

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
 THE MASSACHUSETTS STATE BUILDING CODE

SECTION 4 - 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 result in the denial of the issuance of the building permit.	
Signed Affidavit Attached Yes.... <input type="checkbox"/> No..... <input type="checkbox"/>	
SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)	
5.1 Registered Architect:	
Name (Registrant): _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____
5.2 Registered Professional Engineer(s):	
Name _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
Name _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
Name _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
Name _____ Address _____ Signature _____ Telephone _____	Area of Responsibility _____ Registration Number _____ Expiration Date _____
5.3 General Contractor	
Company Name: _____ Responsible In Charge of Construction _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/>

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)			
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____	
Brief Description of Proposed Work: _____ _____ _____			

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE							
USE GROUP (Check as applicable)						CONSTRUCTION TYPE	
A Assembly	<input type="checkbox"/>	A-1	<input type="checkbox"/>	A-2	<input type="checkbox"/>	A-3	<input type="checkbox"/>
		A-4	<input type="checkbox"/>	A-5	<input type="checkbox"/>	1A	<input type="checkbox"/>
						1B	<input type="checkbox"/>
B Business	<input type="checkbox"/>					2A	<input type="checkbox"/>
E Educational	<input type="checkbox"/>					2B	<input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1	<input type="checkbox"/>	F-2	<input type="checkbox"/>	2C	<input type="checkbox"/>
H High Hazard	<input type="checkbox"/>					3A	<input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1	<input type="checkbox"/>	I-2	<input type="checkbox"/>	I-3	<input type="checkbox"/>
M Mercantile	<input type="checkbox"/>					4	<input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>	R-3	<input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1	<input type="checkbox"/>	S-2	<input type="checkbox"/>	5A	<input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify: _____					
M Mixed Use	<input type="checkbox"/>	Specify: _____					
S Special Use	<input type="checkbox"/>	Specify: _____					

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index 780 CMR 34): _____	Proposed Hazard Index 780 CMR 34): _____

SECTION 8 BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Structural Peer Review Required	Yes. <input type="checkbox"/>	No. <input type="checkbox"/>

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT	
<p>I, _____, as Owner of the subject property</p> <p>hereby authorize _____ to act on my behalf</p> <p>all matters relative to work authorized by this building permit application.</p> <p>_____ Signature of Owner</p> <p>_____ Date</p>	

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SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as 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 belief. Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

Date

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <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 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>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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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 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 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 #: _____

**PROCEDURE FOR FORM "B" APPROVALS
MIDDLETON BOARD OF HEALTH
MIDDLETON, MA**

1. Applicant for a building permit will present the Form "B" Lot Release Form to the Health Agent for signature. The Lot Release Form must be accompanied by a set of building drawings and/or a building floor plan.
2. The Health Agent will review the project file to determine whether Board of Health (BOH) approval for the Subsurface Disposal System has been granted (the number of rooms and number of bedrooms should be clearly indicated on all approved design drawings).
3. The Health Agent will review the building drawings for conformance with the approved Subsurface Disposal System. Acceptable building plans will be stamped approved and/or signed by the Health Agent.
4. The Health Agent will then sign the Form "B" Lot Release Form.

The following items will be required for all projects prior to signature of Form "B" Lot Release Form:

- 1) Approved Subsurface Disposal System Design.
- 2) Building Plans/Floor Plan.
- 3) Proof of recording of any deed restrictions at the Registry of Deeds.

FORM "B" – LOT RELEASE FORM

Instructions: This form is used to verify that all necessary approvals/permits from Boards & Departments having jurisdiction have been obtained. This does not relieve the applicant and/or landowner from compliance with any applicable local or state law, regulation or requirement.

******Applicant fills out this section******

Applicant _____ *Phone* _____

Assessors Map Number _____ *Parcel* _____ *Lot* _____

Subdivision _____

Street Address _____

******Official Use Only******

Conservation Administrator

Date Approved

Fire Department

Date Approved

Health Department

Date Approved

Public Works

Date Approved

Accepted by Building Inspector

Date Approved



Town of Middleton

Office of the Inspector of Buildings

195 North Main Street
Middleton, Massachusetts 01949
978-777-2850
FAX 978-774-0718
www.townofmiddleton.org

THIS FORM MUST BE BROUGHT FOR SIGN-OFFS TO:

TREASURER/TAX COLLECTIONS OFFICE, 48 SOUTH MAIN STREET

MIDDLETON ELECTRIC LIGHT, 197 NORTH MAIN STREET

DATE: _____

TO: Inspectional Services

FROM: Town Treasurer, M.E.L.D.

RE: Confirmation that all taxes and electric utilities are current

As requested, please be advised of the tax status of the property listed below:

Property Owner: _____

Property Address: _____

OFFICE USE ONLY

_____ Taxes are current on the property.

_____ Excise Tax on this customer is current.

_____ Electric is current on this property.

Other:

TOWN OF MIDDLETON

DEBRIS DISPOSAL AFFIDAVIT

**It is prohibited to dispose of any Construction Debris
at the Town of Middleton's Transfer Station.**

In accordance with the provisions of MGL C40, S54, a condition of your Building Permit is that the debris resulting from this work **shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, S150A.**

Address of Construction site: _____

Disposal Firm:

Name: _____

Address: _____

Telephone: _____

Debris will be disposed of at: _____

Name of Solid Waste Facility

Address: _____

*****All Debris to be disposed of at a licensed facility*****

Signature of Applicant _____

Address of Applicant _____

Date _____

TOWN OF MIDDLETON REQUIRED PROGRESS INSPECTIONS

Call (978) 777-2850

It is the responsibility of the owner/applicant to ensure that their contractors call for the required inspections as outlined below. Failure to comply with the inspection schedule may result in fines, dismantling completed work and/or formal enforcement action by this department.

*****NO WORK SHALL COMMENCE UNTIL THE REQUIRED PERMIT(S) HAVE BEEN OBTAINED*****

FILING AN APPLICATION DOES NOT CONSTITUTE OBTAINING A PERMIT

24 hours notice is required for all inspections. After notification, an inspector has 48 hours to make the inspection. All work to be inspected shall be completed *prior* to calling for inspection. If inspector goes to site and work is incomplete, a **\$40.00** re-inspection fee will be applied.

- A.) EXCAVATION (before footing):** After hole or sono tube is completely excavated, but *before* any concrete is placed. All forms must be removed.
- B.) FOOTINGS (before forming foundation walls):** Footing required minimum 2" x 3" keyways. After footings are placed and *stripped*, before the foundation walls are placed.
- C.) FOUNDATION:** After walls are stripped and drainage and damp-proofing/water-proofing is complete prior to backfill. (A foundation as-built is required for the full permit to be issued prior to framing construction.)
- D.) EXTERIOR SHEATHING NAILING**
- E.) ROUGH ELECTRICAL WIRING**
- F.) ROUGH SMOKE DETECTORS BY FIRE DEPARTMENT** (Should be scheduled in conjunction with rough wiring inspection, if possible)
- G.) MECHANICAL SYSTEMS/DUCTWORK**
- H.) ROUGH PLUMBING & GAS PIPING**
- I.) ROUGH FRAME (Rough covering):** *After* frame is completed and *after* approvals from the Electrical Inspector & Gas Inspector.
- J.) CHIMNEYS Masonry:** When the throat & smoke shelf are complete, before the area is made accessible.
Metal & Pre-Fab Chimneys & Fireplaces: After installation, prior to concealing chimney & components.
- K.) INSULATION**
- L.) SHEETROCK SCREWS OR NAILING**
- M.) FINAL ELECTRICAL**
- N.) FINAL PLUMBING & GAS PIPING**
- O.) FINAL SMOKE DETECTORS BY FIRE DEPARTMENT**
- P.) FINAL BUILDING/CERTIFICATE OF OCCUPANCY:**

The Building Inspector will inspect after final inspections have been completed by the Electrical, Plumbing & Gas Inspectors, the Fire Department, Health Department (and any other required inspections). All of the required inspectors/departments (**including the Town Clerk and Assessor**) shall have signed off at the appropriate area on the building permit before a Certificate of Occupancy shall be issued.

Applicant's Signature

Date