

TOWN OF CUMMINGTON
BUILDING INSPECTION DEPARTMENT
 Community House P.O Box 128, Cummington, MA, 01026
 (413) 634-5354 Fax: (413) 634-5568
 Inspector of Buildings: Jim Cerone 413-834-0787

Form
2

RENOVATIONS/ADDITIONS/ACCESSORY STRUCTURES
RESIDENTIAL BUILDING PERMIT APPLICATION

Per #: _____
 Fee: _____

Note: This application is not for new single or two family homes, wood-stoves, swimming pools, or commercial projects.

Instructions: Applicant must fill out all of Section 1 and the appropriate sections for the specific type of project.

Section 1 Site Address _____ Map _____ Lot# _____

Owner's Name: _____ Owner's Mailing Address _____

Owner's telephone #: (H)(____) _____ (W)(____) _____ (Cell)(____) _____

Contractor: _____ Contractor Address _____

Construction Supervisor # _____ Expiration Date _____ Hic.# _____

Cont. Tele# _____ Fax _____ E-Mail _____ Town _____

Estimated Cost:: _____ Sq. Ft. Living Space (New): _____ Sq. Ft. Other Space (New): _____

Obtain the following signatures (where applicable) **BEFORE** submitting this application:

Board of Health: _____ Date _____
 (Only when adding a bedroom)

Conservation Commission: _____ Date _____
 (Required for all new construction where excavation is done)

Approval of Building Inspector: _____ Date _____

Explanation of work: (Be specific. For example: "Install new bath and kitchen," not "Interior Renovations")

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR. **SECTION 110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER, OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THE APPLICATION.**

 (Print Name of Owner or Authorized Agent) _____ (Signature of Owner or Authorized Agent) Date _____

NOTE: CONTRACTOR AFFIDAVIT OR HOMEOWNERS LICENSE EXEMPTION MUST ALSO BE SIGNED ON PAGE 2

Section 1 (Continued)

Demolition Debris Disposal Location: _____ No demolition debris: _____

Will a contractor be responsible for this project?

- YES (Contractor must complete **Contractor Affidavit** below and **Workman Compensation Affidavit**)
- NO (Skip contractor affidavit and fill out **homeowner's exemption at bottom of page 2**)

Contractor Affidavit	
Name (Please Print) _____	
Construction Supervisor # _____	HIC Registration# _____ Expiration Date _____
<i>Pursuant to MGL C. 142A, Home Improvement Contractor Registration, I hereby apply for a permit as the Agent of the aforementioned owner:</i>	
Signed under penalties of perjury: Contractor _____ Date _____	

HOMEOWNER'S LICENSE EXEMPTION

(This portion is to be completed by homeowner assuming responsibility for proposed project. Fill this section out only if there is not a contractor taking responsibility for the job.)

DEFINITION OF HOMEOWNER: " Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two-family dwelling, attached or detached structures accessory to such use, and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner." (Section 108.3.5) The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR;** the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS.** Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code. **NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE:** MGL c.142A is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORS.** This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions.

NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c.142A. Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

HOMEOWNER'S SIGNATURE : _____ DATE _____

SITE ADDRESS _____

□ **Section 2: Roofing, Siding, Replacement Windows, (Check appropriate items)**

___ Roofing: Any sheathing to be installed? Yes___ No___. Will existing roofing be stripped? _____

If not, how many layers exist now? ___ Siding: Explain: _____

___ Replacement Windows: Number_____ U value _____ (Maximum U value permitted is .35)

□ **Section 3: Signs (Check appropriate items)**

Size: _____x_____ Wording: _____

___ Off-premise sign (fill out Section 5 plot plan) Site location: _____

___ On-premise, attached to building ___ On-premise, free standing (fill out Section 5 plot plan)

□ **Section 4: Note: Any new structure or addition requires a plot plan (See Section 5)**

Please Check All Appropriate Items			
___ Accessory Structure ___ x _____	___ Storage Building (120sft or more) ___ x _____		
___ Garage ___ x _____	___ Addition to accessory structure ___ x _____		
___ Addition to dwelling ___ x _____	___ Agricultural Barn ___ x _____		
___ Renovation to dwelling ___ Chimney or Fireplace	___ Renovation to accessory structure		
___ Change of Use	___ Demolition ___ Other (specify): _____		

Provide 2 sets of plans showing:

- 1) Floor plan 2) Foundation plan or pier location 3) Cross section showing any of the following (if applicable): Carrying beams, floor joists, bearing walls, ceiling joists, rafters and collar ties. 4) Smoke detector locations

Fill out the following specifications appropriate to work being performed:

Foundation: Footing Size: ___X___ Depth Below Grade ___ Drainage Type _____

Foundation Type _____ Thickness ___ Height _____

Height of unbalanced fill (from grade to slab): ___ Foundation Coating _____

Framing: Lumber Grade and Specie(if other than #2 spruce/pine/fir) _____

Carrying Beam Type _____ Size _____ Column type _____ Size _____ Column span: _____

Joist - First Floor ___X___ O/C ___ Span ___ Joist - Second Floor ___X___ O/C ___ Span ___

Joist - Ceiling ___X___ O/C ___ Span ___ Studding Bearing: ___X___ O/C ___ Wall Height ___

Roof Rafters ___X___ O/C ___ Horizontal Span ___ Roof Pitch ___ in ___ Collar tie size _____

IF TRUSSES ARE TO BE USED, YOU MUST SUBMIT TRUSS DESIGN, STAMPED BY A MASSACHUSETTS LICENSED ENGINEER, PRIOR TO FRAMING

Sheathing: Floors _____ Walls _____ Roof _____ Roofing _____ Attic/Roof Ventilation Type _____

**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. ~ I am an employer with _____ Employees (full and/or part-time)*</p> <p>2. ~ I am a sole proprietor or partner-Ship and have no employees Working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. ~ I am a homeowner doing all work myself. [No workers' comp. insurance required.]</p> <p>4. ~ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. I These sub-contractors have workers' comp. insurance.</p> <p>5. ~ 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. ~ New Construction</p> <p>7. ~ Remodeling</p> <p>8. ~ Demolition</p> <p>9. ~ Building Addition</p> <p>10. ~ Electrical repairs or additions</p> <p>11. ~ Plumbing repairs or additions</p> <p>12. ~ Roof repairs</p> <p>13. ~ 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.
 H Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 I Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers'

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: _____ For all FCCIP towns _____ 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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____

OFFICE OF TAX COLLECTOR

P.O. BOX 128
CUMMINGTON, MA 01026

CERTIFICATION OF PROPERTY TAX

Property Location: _____
_____ Map# _____ Lot# _____

Owner(s) of Record:

Name: _____ Address: _____

Name: _____ Address: _____

Land and Building(s) are assessed at: \$ _____

I hereby certify that current and past property taxes on the above described property are paid in full.

Signature of Tax Collector

Date