

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

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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 Date _____ Site Address _____ Map _____ Lot# _____

Owner's Name: _____ Mailing Address _____

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

Contractor: _____ Contractor Address _____

Construction Supervisor # _____ Expiration Date _____ Lic.# _____

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

Use Group Classification: **R-4** Construction Type(if other than 5b) _____

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)

Fire department: _____ Date _____

(Only when smoke detectors, co detectors or heat detectors installed)

Conservation Commission: _____ Date _____

(Required for all new construction)

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 _____

Pursuant to MGL C. 142A, Home Improvement Contractor Registration, I hereby apply for a permit as the Agent of the aforementioned owner:

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 .44)

□ **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 ___	
___ 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 _____

Section 4 (Continued)

Insulation: If there is a heated addition, complete the following:

	Windows/Doors	Ceiling*	Wall	Floor over un-conditioned space	Basement wall	Slab perimeter R-val and depth
Code	.39 U value max	R-37 min	R-13 min	R-19 min	R-10 min	R-10, 4ft min
Your Project						

**R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed.)*

Bedroom Escape Window Size (if applicable): _____ x _____ (Minimum 20x24 clear opening)

Section 5: Plot Plan: Provide an informal plot plan in the square below—locating the existing, new structures/additions and distances from all property lines.

Lot Dimensions: _____ Frontage _____ Area _____ <u>Structure will be how near:</u> Front Lot Line _____ Left Property Line _____ Right Property Line _____ Rear Property Line _____ Wetland _____ Stream or River _____	REAR L R
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Fee Schedule

All new construction, alterations, and additions:	\$.50 per sq. ft.
Residential accessory buildings, garages, decks, porches:	\$.15 per sq. ft.
Basements	\$.10 per sq. ft.
Projects not related to square footage:	\$5 per \$1000 of value based on a sound estimate of cost.
Other Fees:	
Change of Use and Occupancy (no structural changes):	\$50
Replacement of permit card or Certificate of Occupancy:	\$10
Re-roofing/siding/replacement windows:	\$50(minimum)
Inground pool	\$50
Above ground pool	\$50
Woodstoves & Chimneys	\$50
Tents(for storage)	\$25
Signs: 1-25sft \$25, 26-50 sft \$30, over 50 sq. ft	\$30 + \$1 per each additional sq. ft.
Stop Work Order(to post or lift)	\$25 each visit

Permit Fees will be doubled when construction begins before a permit is issued.

Revised: 6/16/08

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:

- | | |
|---|---|
| 1. ~ I am an employer with _____ Employees (full and/or part-time)* | 4. ~ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. <input type="checkbox"/> These sub-contractors have workers' comp. insurance. |
| 2. ~ I am a sole proprietor or partner-Ship and have no employees Working for me in any capacity. [No workers' comp. insurance required.] | 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.] |
| 3. ~ I am a homeowner doing all work myself. [No workers' comp. insurance required.] <input type="checkbox"/> | |

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.

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: _____ 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 #: _____

Information and Instructions

Massachusetts General Laws Chapter 152 requires all employers to provide workers = compensation for their employees. Pursuant to this statute, an *employee* is defined as A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as Aan individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the owner of a dwelling house having not more than three apartments and who reside therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.@

MGL Chapter 152, ' 25C(6) also states that Aevery state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required@ Additionally, MGL Chapter 152, ' 25C(7) states ANeither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.@

Applicants

Please fill out the workers = compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) names(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers = compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers = compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under AJob Site Address@ the applicant should write Aall locations in ____ (city or town).@ A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department=s address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. #617-727-4900 ext 406 or 1-877-MASSAFE
Fax #617-727-7749
www.mass.gov/dia

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