

TOWN OF WORTHINGTON

Building Inspections Department

Town Hall P.O. Box 247

Worthington, MA 01098

TEL- 413-238-5577

FAX- 413-238-5579

PROCEDURE FOR OBTAINING A BUILDING PERMIT

FOR RESIDENTIAL ADDITIONS OR ALTERATIONS

1. Building permit application filled out and signed by legal owner or agent.
2. Three sets of plans and specifications showing the proposed work.
3. Site plan showing existing structure(s) and new work, with measured setbacks from property lines, well and septic locations.
4. Construction Debris Affidavit filled out and signed by applicant.
5. Worker's Compensation Insurance Affidavit (filled out and signed by applicant).
6. Contractors must supply a copy of their CSL License, HIC License and Insurance.
7. Title 5 status statement from the Board of Health for any excavation or the addition of sleeping rooms.
8. Verification of payment of taxes from Town Tax Collector
9. Note any conservation issues.
10. Energy Conservation Compliance : <https://www.energycodes.gov/rescheck>
11. Homeowner License Exemption (If Applicable)

FOR NEW DWELLINGS

(in addition to the requirements above)

11. Driveway Permit approved by Highway Superintendent and Board of Selectmen.
12. Well must be installed and tested and certificate received from Board of Health
13. Disposal Works Permit for Septic or Sewer must be received from the Board of Health.



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
*Revised January
1, 2008*

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors Map & Parcel Numbers _____	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: Lot Area (sq ft) _____ Frontage (ft) _____	

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____
Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

Registration Number _____

Expiration Date _____

SECTION 6: 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 will result in the denial of the issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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.

Signature of Owner _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name _____

Signature of Owner or Authorized Agent _____

(Signed under the pains and penalties of perjury)

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. When substantial work is planned, provide the information below:
Total floors area (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____ Habitable room count _____
Number of fireplaces _____ Number of bedrooms _____
Number of bathrooms _____ Number of half/baths _____
Type of heating system _____ Number of decks/ porches _____
Type of cooling system _____ Enclosed _____ Open _____
3. "Total Project Square Footage" may be substituted for "Total Project Cost"

SETBACK PLAN

MAP: _____ LOT: _____

LOT SIZE: _____

REAR LOT DIMENSION _____

REAR YARD _____

SIDE YARD _____

SIDE YARD _____

FRONT SETBACK _____

FRONTAGE _____

INDICATE LOCATION AND DIMENSIONS OF HOUSE, GARAGE, ADDITIONS OR ACCESSORY BUILDING.
BE SURE TO INCLUDE FRONTAGE AND LOT SIZE (SQUARE FEET OR ACRES)

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Construction Debris Affidavit

(for all demolition and renovation work)

In accordance with the provisions of MGL c40, § 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a property licensed waste disposal facility as defined by MGL c 111, §150A.

The debris will be disposed of in:

LOCATION OF FACILITY

The debris will be transported by:

NAME OF HAULER

SIGNATURE OF APPLICANT

DATE



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

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).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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. ‡
6. ☐ 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.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an 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 receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides 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 **"every 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 "Neither 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) name(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 "Job Site Address" the applicant should write "all 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 home owner 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

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HOMEOWNER LICENSE EXEMPTION

HOMEOWNER _____

ADDRESS _____

The undersigned **HOMEOWNER** requests permission to act as a Supervisor to undertake a construction related project at the above referenced address without the benefit of a properly licensed contractor under the following terms and conditions:

1. According to the Massachusetts State Building Code, Section 5108.3.5, the current exemption for "**HOMEOWNERS**" was extended to include owner occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license **provided that the owner acts as supervisor.**
2. By definition, a person who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be a one to two family dwelling, attached or detached structure accessory to such use and/or farm structures, but not manufactured/modular structure, shall be considered a **HOMEOWNER**. A person who constructs more than one home in a two-year period shall not be considered a homeowner.
3. The **HOMEOWNER** will be fully responsible for submission of a complete permit application, site plans, building plans, and any other documentation required by the Building Department to understand the scope and complexity of the work proposed.
4. The **HOMEOWNER** certifies that he or she fully understands the requirements of the Massachusetts State Building Code, 7th Edition,
as they relate to the particular project being undertaken by permit, and that the **HOMEOWNER ASSUMES FULL RESPONSIBILITY** for compliance with all applicable codes, ordinances, and inspection procedures.

This agreement is executed as part of the building permit application.

Homeowner's signature _____ Date: _____

Approved by Building Inspector _____

wood or pallet stove inspection : \$ 35.00

BUILDING PERMIT FEES

Residential and Commercial

All new construction, alterations, additions, roofing, siding, windows, sheds, fences, etc.

*\$7.00 per \$1000 of estimated cost
\$35.00 Minimum Fee

Demolition

Any structure 400 square feet or smaller
Any structure over 400 square feet

\$35.00
\$75.00

Stoves and Chimneys

\$35.00 Minimum Fee

Temporary Tent/Construction Trailer

Two to Five (Same Location)
Six or More (Same Location)

\$35.00 Minimum Fee
\$25.00 each
\$20.00 each

Swimming Pools

Above ground
In ground

\$50.00
\$100.00

Signs Permanent/Temporary

\$35.00

Agricultural Building

Buildings on land devoted to agricultural use
(reference G.L. Chapter 61A, section3)

\$.10 per square ft.

Other Fees

* The Building Inspector shall have the authority to require evidence of the construction cost, which may include, if applicable, the contract between the property owner and a third party contractor. In the event the applicant does not provide satisfactory evidence the assumed cost shall be based on \$120 per square foot for new construction, \$80 per square foot for remodeling/renovation and \$60 per square foot for accessory structures.

1. The start of construction/alteration or installation before the **required permit** is issued shall result in the **Fee Being Doubled**.
2. Failure to display a Building Permit in full public view from beginning to completion of project shall result in a fee of \$35.00.
3. A re-inspection fee of \$35.00 will be charged for failure to provide access to the site by the building official at the scheduled time for an inspection. The rescheduled inspection will not take place until the fee has been paid.
4. A fee of \$35.00 will be charged for a Temporary Certificate of Occupancy.