

## BUILDING DEPARTMENT APPLICATION REQUIREMENTS

**BEFORE A BUILDING PERMIT MAY BE ISSUED, THE FOLLOWING MUST BE SUBMITTED:**

1. One (1) completed building permit application including copy of Massachusetts Construction Supervisor's License and Home Improvement Contractor registration and insurance.
2. Two (2) copies of blue prints (MAX SIZE 18 X 24) containing front, side and rear elevations with dimensions. A foundation plan and first and second floor plans with dimensions. Front elevation shall show overall height from grade. Structural framing plans shall include beams and engineering stamp for lengths and sizes not included in State Building Code. Door and window sizes shall be shown and U-values noted. Include a building or wall section with all materials specified.
3. The applicant is responsible for obtaining approvals from the following Boards/Commissions prior to the issuance of a building permit: Engineering Department – Planning Board – Board of Health – Conservation Commission – Fire Department – Department of Public Works.
4. One (1) copy of a certified plot plan (not mortgage plan), prepared by Registered Land Surveyor, indicating location of the septic system, as well as all dimensions for proposed and existing structures with distance from all lot lines. (Grading when required by Engineering; New Construction 2'-0" Contours)
5. **THESE DRAWINGS MUST BE LABELED, LEGIBLE, AND DRAWN TO SCALE.**
6. Septic System Certificate from Board of Health indicating approval of same. Approved well report or water agreement.
7. A receipt of recording from the Registry of Deeds for all variances and special permits granted from the Board of Appeals for property not meeting zoning requirements.
8. Building permit fees are to be paid PRIOR to the issuance of a permit.
9. **FOR COMMERCIAL BUILDING PERMITS:** Three (3) complete sets of Architectural plans, including site plans with landscaping, parking and lighting plans. Utility and sanitary plans must be submitted to include all engineering plans, structural details and design load calculations and specifications, and stamped and signed by a registered Architect or Engineer. Buildings, which contain over 35,000 cu. ft., shall be approved under "Controlled Construction" affidavit submitted with plans. Reports are bi-weekly at minimum.

PERMIT GRANTED BY: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Map No. \_\_\_\_\_

Lot No. \_\_\_\_\_



PERMIT NO.: \_\_\_\_\_

FEE: \_\_\_\_\_

# Town of Stoughton

## APPLICATION FOR BUILDING PERMIT

The undersigned hereby applies for a permit to  Construct  Alter  Add  Install  Move  Other

**OCCUPANCY PERMIT MUST BE OBTAINED BEFORE OCCUPYING THIS BUILDING**

To the Building Commissioner: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned hereby applies for a Permit to \_\_\_\_\_ according to the following information, and agrees to comply with the Building Code and Zoning Bylaws, and all other laws pertaining to buildings.

NEW CONSTRUCTION

1. Owner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

2. Architect's Name: \_\_\_\_\_

3. Builder's Name and Address: \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

4. Address of Site: \_\_\_\_\_

5. Change of use?  Yes  No. Board of Appeals case?  Yes  No Case Number \_\_\_\_\_

6. No. of Ft. from Adj. Lot Lines: L Side \_\_\_\_\_ R Side \_\_\_\_\_ Front \_\_\_\_\_ Rear \_\_\_\_\_

7. Type of construction and use group (Mass. State Code) \_\_\_\_\_

8. Structure to be used for? \_\_\_\_\_ Zoning District \_\_\_\_\_

9. If Dwelling, for how many families? \_\_\_\_\_ No. of Stories: \_\_\_\_\_

10. Size of Building: No. of Ft. Front: \_\_\_\_\_; No. of Ft. deep: \_\_\_\_\_

11. No. of feet in height from level of ground to highest point of roof: \_\_\_\_\_

12. Lot Frontage \_\_\_\_\_ Lot Width \_\_\_\_\_ Lot Depth \_\_\_\_\_ Lot Area \_\_\_\_\_

13. Size of Sills: \_\_\_\_\_ Girders: \_\_\_\_\_ Posts: \_\_\_\_\_ Girts: \_\_\_\_\_

14. Size of 1st floor Timbers: \_\_\_\_\_; 2nd floor Timbers: \_\_\_\_\_; 3rd floor Timbers: \_\_\_\_\_

15. Will building be erected on solid or filled land? \_\_\_\_\_

16. Will foundation be laid on earth, rock, timber or piles? \_\_\_\_\_ Min. Open Space? \_\_\_\_\_

17. Material of Foundation? \_\_\_\_\_ Max. Bldg. Area? \_\_\_\_\_

18. Roof Style:  Flat,  Pitched,  Hip,  Gambrel. Material of Roof Cover: \_\_\_\_\_

19. Material Outside Walls: \_\_\_\_\_

20. How will building be heated? \_\_\_\_\_

21. Will building be wired for Electricity? \_\_\_\_\_ Gas? \_\_\_\_\_

22. Is lot in Flood Plain Zone? \_\_\_\_\_ Con. Comm.? \_\_\_\_\_

23. ESTIMATED COST OF WORK TO BE DONE: \_\_\_\_\_

24. No. of cubic ft. \_\_\_\_\_ . If over 35,000 cu. ft., Section 127 of State Building Code applies. Applicant must fill out, have notarized, and return AFFIDAVIT FORM and CHECK LIST FOR COMMERCIAL BUILDINGS with this application.

Description, if other than new dwelling: \_\_\_\_\_

Permit must be obtained before beginning excavation or work of any kind.  
One set of plans bearing approval of the Building Commissioner shall be kept on the job site at all times.  
Permits shall become void after six months from date of issue unless construction shall have been commenced.  
False statements will mean revocation of permit.  
The undersigned assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, by-laws, rules and regulations of the TOWN OF STOUGHTON.

Signature of Owner or Authorized Representative \_\_\_\_\_

MA License No. \_\_\_\_\_ Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Home Improvement Contractor No. \_\_\_\_\_ Homeowner's Affidavit: \_\_\_\_\_

Building Official Comments: \_\_\_\_\_

In accordance with provisions of Massachusetts General Law C 40, S 54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law c 111, s 150A.

The debris will be disposed of in:

\_\_\_\_\_  
(Location of Facility)

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Date

THE APPLICANT IS RESPONSIBLE FOR OBTAINING APPROVALS FROM THE FOLLOWING BOARDS / COMMISSIONS PRIOR TO THE ISSUANCE OF A BUILDING PERMIT. UPON APPLICATION FOR AN OCCUPANCY PERMIT, RELEASES FROM THE SAME BOARDS / COMMISSIONS ARE REQUIRED:

BUILDING PERMIT APPROVAL

PLANNING BOARD:

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_

BOARD OF HEALTH:

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_

CONSERVATION COMMISSION:

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_

date: \_\_\_\_\_

FIRE DEPARTMENT:

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_

DEPARTMENT OF PUBLIC WORKS:

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_

authorized signature: \_\_\_\_\_

date: \_\_\_\_\_



Town of Stoughton  
Board of Health

FEE = \$30 RESIDENTIAL  
FEE = \$75 COMMERCIAL

**APPLICATION FOR APPROVAL OF MINOR BUILDING PERMIT PROJECTS**

DATE: \_\_\_\_\_

Owner: \_\_\_\_\_

Site Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Dig Safe #: \_\_\_\_\_

Is the site serviced by an On-site Sewerage Disposal System (OSDS)?    YES    NO

*If serviced by on-site sewerage disposal system, see Board of Health Department for proper permitting procedures.*

Is the site serviced by a Well                    YES    NO

Project sketch submitted?                    YES    NO

*\*Sketch shall show distance from project work (addition, deck, pool, shed, etc) to the sewer and water services.*

*\*Dimensions of the structure shall be provided. It is highly recommended that a sketch is based upon actual field survey information or assessor maps.*

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Board of Health \_\_\_\_\_

Date: \_\_\_\_\_



# TOWN OF STOUGHTON

## -Engineering Department-

FEE = \$30 (Residential)  
FEE = \$75 (Commercial)

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### APPLICATION FOR APPROVAL OF MINOR BUILDING PERMIT PROJECTS

Owner: \_\_\_\_\_ Site Address: \_\_\_\_\_

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

Description of Work: \_\_\_\_\_

Dig Safe #: \_\_\_\_\_

Trench Permit # (if, applicable): \_\_\_\_\_

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**Is the site serviced by Municipal Sewer or an On-site Sewerage Disposal System (OSDS)?**

Municipal Sewer  OSDS

*If serviced by On-site Sewerage Disposal System, see Board of Health Department for proper permitting procedures.*

**Is the proposed work within the buffer to a jurisdictional wetland resource area? Y / N**

*If yes, you will need to see the Environmental Affairs Officer for which permit is required from the Conservation Commission.*

**Has applicant submitted a project sketch? Y / N**

*Sketch shall show distance from project work (addition, deck, pool, shed, etc.) to the sewer and water services. Dimensions of the structure shall be provided. It is highly recommended that sketch is based upon actual field survey information or assessor maps.*

To best of my knowledge, I certify that the above information is true and accurate

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Engineering Department: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Affairs Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an 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 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.</p> <p>5. <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.‡</p> <p>6. <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>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <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 attach 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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

TOWN OF STOUGHTON  
BUILDING & ZONING DEPARTMENT

Thomas McGrath  
Building Commissioner/Zoning Officer

**Property Owner Affidavit**

**\*Property owner must complete and sign this form if using an agent/builder.**

I, \_\_\_\_\_, as Owner of the subject property at  
Property Owner (print)

\_\_\_\_\_ hereby authorize  
Property Location

\_\_\_\_\_ to act on my behalf, in all matters  
Agent/Builder/Tenant

**relative to this building permit application.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

TOWN OF STOUGHTON  
BUILDING DEPARTMENT

HOMEOWNER LICENSE EXEMPTION

Please Print

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_  
Number Street Address

“HOMEOWNER” \_\_\_\_\_  
Name Home Phone Work Phone

PRESENT MAILING ADDRESS \_\_\_\_\_  
City/Town State Zip Code

The current exemption for “homeowners” was extended to include owner-occupied dwellings of six 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. (State Building Code Section 109.1.1)

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 to 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. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 109.1.1)

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the Town of Stoughton Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER’S SIGNATURE \_\_\_\_\_

APPROVAL OF BUILDING OFFICIAL \_\_\_\_\_

Note: Three family dwelling 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0, Construction Control.

TOWN OF STOUGHTON

AFFIDAVIT  
HOME IMPROVEMENT CONTRACTOR  
RESTRICTED CONSTRUCTION SUPERVISOR LICENSE  
Supplement To Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... ore to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1,000
- Building not owner-occupied
- Owner pulling own permit
- Other (specify) \_\_\_\_\_

Notice is hereby given that:

**OWNERS PULLING THEIR OWNER PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.**

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
Date Printed Contractor Name Registration No.

\_\_\_\_\_  
Contractor's Signature

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

\_\_\_\_\_  
Date Printed Owner Name

\_\_\_\_\_  
Owner's Signature