

## 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. Bltg. 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: \_\_\_\_\_



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.

Please Print Legibly

Applicant Information

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



**TOWN OF STOUGHTON**  
**-ENGINEERING DEPARTMENT-**  
**-BOARD OF HEALTH-**

ENG Fee =	\$30 (Residential)
	\$75 (Commercial)
BOH Fee =	\$30 (Residential)
	\$75 (Commercial)
	Amount Paid: _____

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

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

Site Address: \_\_\_\_\_ Dig Safe #: \_\_\_\_\_

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

Contact's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Municipal Sewer       OSDS

If services by an On-Site Sewage Disposal System, Board of Health fee will be required.

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

If yes, you may be required to file additional paperwork with 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 the sketch is based upon actual field survey information or assessor maps.

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

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Board of Health: \_\_\_\_\_ Date: \_\_\_\_\_

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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  
10 PEARL STREET  
STOUGHTON, MA 02072  
BUILDING AND ZONING DEPARTMENT**

**HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT**

I, \_\_\_\_\_ (full legal name),  
born \_\_\_\_\_ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:

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 home owner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
date

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