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.
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.

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: __________


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: __________


19. Material Outside Walls: ______________________

20. How will building be heated? ______________________

21. Will building be wired for Electricity? __________ Ous! __________

22. Is lot in Flood Plain Zone? __________ Com. 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 hearing 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: ____________________________

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.  

**Applicant Information**  
Please Print Legibly  

<table>
<thead>
<tr>
<th>Name (Business/Organization/Individual):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City/State/Zip:</strong></td>
<td><strong>Phone #:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [ ] I am an employer with ____ employees (full and/or part-time).*</td>
<td></td>
</tr>
<tr>
<td>2. [ ] I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers’ comp. insurance required]</td>
<td></td>
</tr>
<tr>
<td>3. [ ] I am a homeowner doing all work myself. [No workers’ comp. insurance required]†</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.‡</td>
<td></td>
</tr>
<tr>
<td>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.]</td>
<td></td>
</tr>
</tbody>
</table>

*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.

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I am an employer that is providing workers’ compensation insurance for my employees. Below is the policy and job site information.

<table>
<thead>
<tr>
<th>Insurance Company Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy # or Self-ins. Lic. #:</td>
<td>Expiration Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Site Address:</th>
<th>City/State/Zip:</th>
</tr>
</thead>
</table>

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.

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I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

| Phone #: |  |

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Official use only. Do not write in this area, to be completed by city or town official.

<table>
<thead>
<tr>
<th>City or Town:</th>
<th>Permit/License #:</th>
</tr>
</thead>
</table>

Issuing Authority (circle one):  

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>
APPLICATION FOR APPROVAL OF MINOR BUILDING PERMIT PROJECTS

Owner: ___________________________________ Telephone #: ______________________

Site Address: ___________________________________ Dig Safe #: ____________________

Description of Work: ____________________________________________________________

Contact’s Name: ___________________________________ Telephone #: __________________

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: _____________________

Engineering Department: ___________________________________ Date: ___________________

Environmental Affairs Officer: _____________________________ Date: _____________________

Board of Health: ________________________________________ Date: _____________________
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... or 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 OWN 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