

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Public Safety**  
 Massachusetts State Building Code (780 CMR)  
**Building Permit Application for any Building other than a One- or Two-Family Dwelling**

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

**SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)**

\_\_\_\_\_

No. and Street                      City /Town                      Zip Code                      Name of Building (if applicable)

**SECTION 2: PROPOSED WORK**

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building     Repair     Alteration     Addition     Demolition  (Please fill out and submit Appendix 1)

Change of Use     Change of Occupancy     Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY**

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

**SECTION 4: BUILDING HEIGHT AND AREA**

|  | Existing |  | Proposed |  |
|--|----------|--|----------|--|
| No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.) |          |  |          |  |
| Total Area (sq. ft.) and Total Height (ft.)                                |          |  |          |  |

**SECTION 5: USE GROUP (Check as applicable)**

**A: Assembly** A-1  A-2  Nightclub  A-3  A-4  A-5     **B: Business**     **E: Educational**

**F: Factory** F-1  F2     **H: High Hazard** H-1  H-2  H-3  H-4  H-5

**I: Institutional** I-1  I-2  I-3  I-4     **M: Mercantile**     **R: Residential** R-1  R-2  R-3  R-4

**S: Storage** S-1  S-2     **U: Utility**     **Special Use**  and please describe below:

Special Use: \_\_\_\_\_

**SECTION 6: CONSTRUCTION TYPE (Check as applicable)**

**IA**     **IB**     **IIA**     **IIB**     **IIIA**     **IIIB**     **IV**     **VA**     **VB**

**SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)**

|   |  |  |   |  |
|---|--|--|---|--|
| <b>Water Supply:</b><br>Public <input type="checkbox"/><br>Private <input type="checkbox"/> | <b>Flood Zone Information:</b><br>Check if outside Flood Zone <input type="checkbox"/><br>or indentify Zone: _____ | <b>Sewage Disposal:</b><br>Indicate municipal <input type="checkbox"/><br>or on site system <input type="checkbox"/> | <b>Trench Permit:</b><br>A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/> | <b>Debris Removal:</b><br>Licensed Disposal Site <input type="checkbox"/><br>or specify: _____ |
|---|--|--|---|--|

|   |  |  |
|---|--|--|
| <b>Railroad right-of-way:</b><br>Not Applicable <input type="checkbox"/><br>or Consent to Build enclosed <input type="checkbox"/> | <b>Hazards to Air Navigation:</b><br>Is Structure within airport approach area?<br>Yes <input type="checkbox"/> or No <input type="checkbox"/> | <a href="#">MA Historic Commission Review Process:</a><br>Is their review completed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

**SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY**

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_  
 Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, the property owner hereby authorizes

\_\_\_\_\_ Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)**

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here**  and skip Section 10.1)

**10.1 Registered Professional Responsible for Construction Control**

|                               |                           |                             |  |
|-------------------------------|---------------------------|-----------------------------|--|
| _____ Name (Registrant) _____ | _____ Telephone No. _____ | _____ e-mail address _____  | _____ Registration Number _____              |
| _____ Street Address _____    | _____ City/Town _____     | _____ State _____ Zip _____ | _____ Discipline _____ Expiration Date _____ |

**10.2 General Contractor**

\_\_\_\_\_ Company Name \_\_\_\_\_

\_\_\_\_\_ Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: [WORKERS' COMPENSATION INSURANCE AFFIDAVIT](#) (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? **Yes**  **No**

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

| Item                  | Estimated Costs: (Labor and Materials) | Total Construction Cost (from Item 6) = \$ _____<br><br>Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.<br><br>Note: Minimum fee = \$ _____ (contact municipality)<br><br>Enclose check payable to _____ (contact municipality) and write check number here _____ |
|-----------------------|--|--|
| 1. Building           | \$ _____                               |  |
| 2. Electrical         | \$ _____                               |  |
| 3. Plumbing           | \$ _____                               |  |
| 4. Mechanical (HVAC)  | \$ _____                               |  |
| 5. Mechanical (Other) | \$ _____                               |  |
| 6. Total Cost         | \$ _____                               |  |

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_ Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



## Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

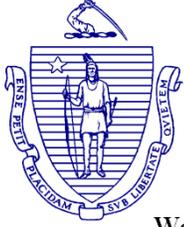
### Checklist for Construction Documents\*

| No. | Item  | Mark "x" where applicable |            |              |
|-----|---|---------------------------|------------|--------------|
|     |   | Submitted                 | Incomplete | Not Required |
| 1   | Architectural                                 |                           |            |              |
| 2   | Foundation                                    |                           |            |              |
| 3   | Structural                                    |                           |            |              |
| 4   | Fire Suppression                              |                           |            |              |
| 5   | Fire Alarm (may require repeaters)            |                           |            |              |
| 6   | HVAC  |                           |            |              |
| 7   | Electrical                                    |                           |            |              |
| 8   | Plumbing (include local connections)          |                           |            |              |
| 9   | Gas (Natural, Propane, Medical or other)      |                           |            |              |
| 10  | Surveyed Site Plan (Utilities, Wetland, etc.) |                           |            |              |
| 11  | Specifications                                |                           |            |              |
| 12  | Structural Peer Review                        |                           |            |              |
| 13  | Structural Tests & Inspections Program        |                           |            |              |
| 14  | Fire Protection Narrative Report              |                           |            |              |
| 15  | Existing Building Survey/Investigation        |                           |            |              |
| 16  | Energy Conservation Report                    |                           |            |              |
| 17  | Architectural Access Review (521 CMR)         |                           |            |              |
| 18  | Workers Compensation Insurance                |                           |            |              |
| 19  | Hazardous Material Mitigation Documentation   |                           |            |              |
| 20  | Other (Specify)                               |                           |            |              |
| 21  | Other (Specify)                               |                           |            |              |
| 22  | Other (Specify)                               |                           |            |              |

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee.*

### Registered Professional Contact Information

|                   |                 |                |                     |
|-------------------|-----------------|----------------|---------------------|
| Name (Registrant) | Telephone No.   | e-mail address | Registration Number |
| Street Address    | City/Town       | State          | Zip                 |
| Discipline        | Expiration Date |                |                     |
| Name (Registrant) | Telephone No.   | e-mail address | Registration Number |
| Street Address    | City/Town       | State          | Zip                 |
| Discipline        | Expiration Date |                |                     |
| Name (Registrant) | Telephone No.   | e-mail address | Registration Number |
| Street Address    | City/Town       | State          | Zip                 |
| Discipline        | Expiration 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."

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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)

**PROCEDURE FOR FORM "B" APPROVALS  
MIDDLETON BOARD OF HEALTH  
MIDDLETON, MA**

1. Applicant for a building permit will present the Form "B" Lot Release Form to the Health Agent for signature. The Lot Release Form must be accompanied by a set of building drawings and/or a building floor plan.
2. The Health Agent will review the project file to determine whether Board of Health (BOH) approval for the Subsurface Disposal System has been granted (the number of rooms and number of bedrooms should be clearly indicated on all approved design drawings).
3. The Health Agent will review the building drawings for conformance with the approved Subsurface Disposal System. Acceptable building plans will be stamped approved and/or signed by the Health Agent.
4. The Health Agent will then sign the Form "B" Lot Release Form.

The following items will be required for all projects prior to signature of Form "B" Lot Release Form:

- 1) Approved Subsurface Disposal System Design.
- 2) Building Plans/Floor Plan.
- 3) Proof of recording of any deed restrictions at the Registry of Deeds.

**FORM "B" – LOT RELEASE FORM**

Instructions: This form is used to verify that all necessary approvals/permits from Boards & Departments having jurisdiction have been obtained. This does not relieve the applicant and/or landowner from compliance with any applicable local or state law, regulation or requirement.

\*\*\*\*\**Applicant fills out this section*\*\*\*\*\*

*Applicant* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Assessors Map Number* \_\_\_\_\_ *Parcel* \_\_\_\_\_ *Lot* \_\_\_\_\_

*Subdivision* \_\_\_\_\_

*Street Address* \_\_\_\_\_

\*\*\*\*\**Official Use Only*\*\*\*\*\*

\_\_\_\_\_  
Conservation Administrator

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Fire Department

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Health Department

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Public Works

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Accepted by Building Inspector

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Storm Water Management

\_\_\_\_\_  
Date Approved



# Town of Middleton

## Office of the Inspector of Buildings

195 North Main Street  
Middleton, Massachusetts 01949  
978-777-2850  
FAX 978-774-0718  
[www.townofmiddleton.org](http://www.townofmiddleton.org)

THIS FORM MUST BE BROUGHT FOR SIGN-OFFS TO:

TREASURER/TAX COLLECTIONS OFFICE, 48 SOUTH MAIN STREET

MIDDLETON ELECTRIC LIGHT, 197 NORTH MAIN STREET

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

TO: Inspectional Services

FROM: Town Treasurer, M.E.L.D.

RE: Confirmation that all taxes and electric utilities are current

As requested, please be advised of the tax status of the property listed below:

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

Property Address: \_\_\_\_\_

### OFFICE USE ONLY

\_\_\_\_\_ Taxes are current on the property.

\_\_\_\_\_ Excise Tax on this customer is current.

\_\_\_\_\_ Electric is current on this property.

Other:

\_\_\_\_\_

**TOWN OF MIDDLETON**

**DEBRIS DISPOSAL AFFIDAVIT**

**It is prohibited to dispose of any Construction Debris  
at the Town of Middleton's Transfer Station.**

In accordance with the provisions of MGL C40, S54, a condition of your Building Permit is that the debris resulting from this work **shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, S150A.**

Address of Construction site: \_\_\_\_\_

**Disposal Firm:**

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

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

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

Debris will be disposed of at: \_\_\_\_\_

Name of Solid Waste Facility

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

**\*\*\*All Debris to be disposed of at a licensed facility\*\*\***

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

Address of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# TOWN OF MIDDLETON REQUIRED PROGRESS INSPECTIONS

Call (978) 777-2850

It is the responsibility of the owner/applicant to ensure that their contractors call for the required inspections as outlined below. Failure to comply with the inspection schedule may result in fines, dismantling completed work and/or formal enforcement action by this department.

**\*\*\*NO WORK SHALL COMMENCE UNTIL THE REQUIRED PERMIT(S) HAVE BEEN OBTAINED\*\*\***

## FILING AN APPLICATION DOES NOT CONSTITUTE OBTAINING A PERMIT

24 hours notice is required for all inspections. After notification, an inspector has 48 hours to make the inspection. All work to be inspected shall be completed *prior* to calling for inspection. If inspector goes to site and work is incomplete, a **\$40.00** re-inspection fee will be applied.

- A.) EXCAVATION (before footing):** After hole or sono tube is completely excavated, but *before* any concrete is placed. All forms must be removed.
- B.) FOOTINGS (before forming foundation walls):** Footing required minimum 2" x 3" keyways. After footings are placed and *stripped*, before the foundation walls are placed.  
**\*\*\*INSPECTIONS ARE REQUIRED ON ANY FOOTING/FOUNDATION REBAR\*\*\***
- C.) FOUNDATION:** After walls are stripped and drainage and damp-proofing/water-proofing is complete prior to backfill. (A foundation as-built is required for the full permit to be issued prior to framing construction.)
- D.) EXTERIOR SHEATHING NAILING:** (with portal nailing) **Before** Tyvek or siding.
- E.) ROUGH ELECTRICAL WIRING**
- F.) ROUGH SMOKE DETECTORS BY FIRE DEPARTMENT** (Should be scheduled in conjunction with rough wiring inspection, if possible)
- G.) MECHANICAL SYSTEMS/DUCTWORK**
- H.) ROUGH PLUMBING & GAS PIPING**
- I.) ROUGH FRAME (Rough covering):** *After* frame is completed and *after* approvals from the Electrical Inspector & Gas Inspector.
- J.) CHIMNEYS Masonry:** When the throat & smoke shelf are complete, before the area is made accessible.  
*Metal & Pre-Fab Chimneys & Fireplaces:* After installation, prior to concealing chimney & components.
- K.) FIRE STOPS & INSULATION**
- L.) SHEETROCK SCREWS OR NAILING**
- M.) FINAL ELECTRICAL**
- N.) FINAL PLUMBING & GAS PIPING**
- O.) FINAL SMOKE DETECTORS BY FIRE DEPARTMENT**
- P.) FINAL BUILDING/CERTIFICATE OF OCCUPANCY:**

The Building Inspector will inspect after final inspections have been completed by the Electrical, Plumbing & Gas Inspectors, the Fire Department, Health Department (and any other required inspections). All of the required inspectors/departments (**including the Town Clerk and Assessor**) shall have signed off at the appropriate area on the building permit before a Certificate of Occupancy shall be issued.

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Applicant's Signature

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Date