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| <p>City of Northampton Building Department 212 Main Street Room 100 Northampton, MA 01060 phone 413-587-1240 Fax 413-587-1272</p> | <p style="text-align: center;">Department use only</p> <p>Status of Permit: Curb Cut/Driveway Permit _____ Sewer/Septic Availability _____ Water/Well Availability _____ Two Sets of Structural Plans _____ Plot/Site Plans _____ Other Specify _____</p> |
|--|---|

APPLICATION TO CONSTRUCT, ALTER, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

SECTION 1 - SITE INFORMATION

| | |
|-------------------------------------|---|
| <p>1.1 Property Address:</p> | <p style="text-align: center;">This section to be completed by office</p> <p>Map _____ Lot _____ Unit _____ Zone _____ Overlay District _____ Elm St. District _____ CB District _____</p> |
|-------------------------------------|---|

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

| | |
|--------------------|--------------------------------|
| Name (Print) _____ | Current Mailing Address: _____ |
| Signature _____ | Telephone _____ |

2.2 Authorized Agent:

| | |
|--------------------|--------------------------------|
| Name (Print) _____ | Current Mailing Address: _____ |
| Signature _____ | Telephone _____ |

SECTION 3 - ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Cost (Dollars) to be completed by permit applicant | Official Use Only | |
|--------------------------------|--|---|--|
| 1. Building | | (a) Building Permit Fee | |
| 2. Electrical | | (b) Estimated Total Cost of Construction from (6) | |
| 3. Plumbing | | Building Permit Fee | |
| 4. Mechanical (HVAC) | | | |
| 5. Fire Protection | | | |
| 6. Total = (1 + 2 + 3 + 4 + 5) | | Check Number | |

This Section For Official Use Only

| | |
|-------------------------------|--------------------|
| Building Permit Number: _____ | Date Issued: _____ |
|-------------------------------|--------------------|

Signature: _____

Building Commissioner/Inspector of Buildings Date

| Section 4. ZONING | | All Information Must Be Completed. Permit Can Be Denied Due To Incomplete Information | | | | |
|---|--|---|---|-------------------|--|---|
| | | Existing | | Proposed | | Required by Zoning This column to be filled in by Building Department |
| Lot Size | | | | | | |
| Frontage | | | | | | |
| Setbacks <u>Front</u> <u>Side</u> <u>Rear</u> | | L: _____ R: _____ | | L: _____ R: _____ | | |
| Building Height | | | | | | |
| Bldg. Square Footage | | | % | | | |
| Open Space Footage (Lot area minus bldg & paved parking) | | | % | | | |
| # of Parking Spaces | | | | | | |
| Fill: (volume & Location) | | | | | | |

A. Has a Special Permit/Variance/Finding **ever** been issued for/on the site?

NO DON'T KNOW YES

IF YES, date issued:

IF YES: Was the permit recorded at the Registry of Deeds?

NO DON'T KNOW YES

IF YES: enter Book Page and/or Document #

B. Does the site contain a brook, body of water or wetlands? NO DON'T KNOW YES

IF YES, has a permit been or need to be obtained from the Conservation Commission?

Needs to be obtained Obtained , Date Issued:

C. Do any signs exist on the property? YES NO

IF YES, describe size, type and location:

D. Are there any proposed changes to or additions of signs intended for the property? YES NO

IF YES, describe size, type and location:

E. Will the construction activity disturb (clearing, grading, excavation, or filling) over 1 acre or is it part of a common plan that will disturb over 1 acre? YES NO

IF YES, then a Northampton Storm Water Management Permit from the DPW is required.

SECTION 5- DESCRIPTION OF PROPOSED WORK (check all applicable)

| | | | | |
|------------------------|-------------------|---|----------------------|-----------------------------|
| New House | Addition | Replacement Windows Or Doors | Alteration(s) | Roofing |
| Accessory Bldg. | Demolition | New Signs [] | Decks [] | Siding [] Other [] |

Brief Description of Proposed Work: _____

Work: _____

Alteration of existing bedroom _____ Yes _____ No Adding new bedroom _____ Yes _____ No
 Attached Narrative Renovating unfinished basement _____ Yes _____ No
 Plans Attached Roll - Sheet

6a. If New house and or addition to existing housing, complete the following:

- a. Use of building : One Family _____ Two Family _____ Other _____
- b. Number of rooms in each family unit: _____ Number of Bathrooms _____
- c. Is there a garage attached? _____
- d. Proposed Square footage of new construction. _____ Dimensions _____
- e. Number of stories? _____
- f. Method of heating? _____ Fireplaces or Woodstoves _____ Number of each _____
- g. Energy Conservation Compliance. _____ Masscheck Energy Compliance form attached? _____
- h. Type of construction _____
- i. Is construction within 100 ft. of wetlands? _____ Yes _____ No. Is construction within 100 yr. floodplain _____ Yes _____ No
- j. Depth of basement or cellar floor below finished grade _____
- k. Will building conform to the Building and Zoning regulations? _____ Yes _____ No .
- l. Septic Tank _____ City Sewer _____ Private well _____ City water Supply _____

SECTION 7a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS 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

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

Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

Date

SECTION 8 - CONSTRUCTION SERVICES

| | |
|--|---|
| <p>8.1 Licensed Construction Supervisor:</p> <p><u>Name of License Holder</u> : _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Signature _____ Telephone _____</p> | <p>Not Applicable <input type="checkbox"/></p> <p>_____</p> <p>License Number _____</p> <p>_____</p> <p>Expiration Date _____</p> |
|--|---|

| | |
|--|--|
| <p>9. Registered Home Improvement Contractor:</p> <p>_____</p> <p><u>Company Name</u> _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>_____ Telephone _____</p> | <p>Not Applicable <input type="checkbox"/></p> <p>_____</p> <p>Registration Number _____</p> <p>_____</p> <p>Expiration Date _____</p> |
|--|--|

SECTION 10- 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.....

11. - Home Owner Exemption

The current exemption for “homeowners” was extended to include **Owner-occupied Dwellings** of one (1) or two(2) families and to allow such homeowner to engage an individual for hire who does not possess a license, **provided that the owner acts as supervisor. CMR 780, Sixth Edition Section 108.3.5.1.**

Definition of Homeowner: Person (s) who own 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 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.**

As acting **Construction Supervisor** your presence on the job site will be required from time to time, during and upon completion of the work for which this permit is issued.

Also be advised that with reference to Chapter 152 (Workers’ Compensation) and Chapter 153 (Liability of Employers to Employees for injuries not resulting in Death) of the Massachusetts General Laws Annotated, **you may be liable** for person(s) you hire to perform work for you under this permit.

The undersigned “homeowner” certifies and assumes responsibility for compliance with the State Building Code, City of Northampton Ordinances, State and Local Zoning Laws and State of Massachusetts General Laws Annotated.

Homeowner Signature _____

Solid Waste Disposal Affidavit

In accordance of the provisions of MGL c 40, S54, I acknowledge that as a condition of the building permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

Address of the work: _____

The debris will be transported by: _____

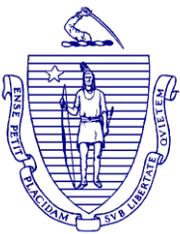
The debris will be received by: _____

Building permit number: _____

Name of Permit Applicant _____

Date

Signature of Permit Applicant



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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <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 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>5. <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> |
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Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
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



City of Northampton

Massachusetts

DEPARTMENT OF BUILDING INSPECTIONS
212 Main Street • Municipal Building
Northampton, MA 01060



INSPECTOR
Louis Hasbrouck
Building Commissioner

Chuck Miller
Assistant Commissioner

HOME OWNER EXEMPTION ACKNOWLEDGEMENT

The State of Massachusetts allows the homeowner the right under 780CMR 108.3.4 to act as his/her construction supervisor. The state defines "Homeowner" as, " Person(s) who owns a parcel on which he/she resides or intends 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."

The building department for the City of Northampton wants any person(s) who seek to use the home owner exemption, to act as their own construction supervisor, to be aware that by doing so **you become responsible for compliance with state building codes and regulations**. The inspection process requires that the building department be called to inspect work at various stages, which include **foundation/footings (before backfill), sonotube holes (before pour), a rough building inspection (before work is concealed), insulation inspection (if required) and a final building inspection.** The building department requires these inspections before the work is concealed, **failure to secure these inspections can result in failure to obtain a certificate of occupancy until the work can be inspected.**

If the homeowner hires other trades to perform work (electrical, plumbing & gas) the homeowner will be responsible to make sure that the trades hired secure their proper permits in conjunction to the building permit issued, **and that they get their required inspections**. Failure of the individual trades to secure the permits and inspections as required can **DELAY** the project until such time as the proper permits and inspections are made

I, _____ understand the above.

(Home owner /resident's signature requesting exemption)

I will call to schedule all required building inspections necessary for the building permit issued to me.

Date _____

Address of work location _____

