



City of Northampton

Massachusetts

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



APPLICATION FOR DEMOLITION PERMIT

Attached are the forms required for a Demolition permit. Please fill out all of the attached forms and submit them to the Building Department with the appropriate fee. Please make checks out to the City of Northampton.

Please be advised that disconnect signatures from the following departments must be submitted with the application:

1. Eversource (Gas division)
2. National Grid (Electric division)
3. Northampton Department of Public Works - Water
4. Northampton Department of Public Works – Sewer
5. Northampton Department of Public Works – Storm water Management
6. Northampton Department of Public Works – Tree Warden
7. Northampton Historical Commission Review (if built prior to 1945)

*Proof of extermination is required to be submitted to the Health Department for all commercial and residential properties. (Extermination may be required at the Health Inspector's discretion if evidence of rodents exists). The approved Health Department paperwork must be submitted with your Building Permit Application.

Other required documents:

- Massachusetts Construction Supervisors License
- Copy of Workers Comp Affidavit
- Asbestos abatement report

A Demolition Permit will not be issued, and no demolition is to commence until **ALL** required documents are submitted to the Building Department.

For further questions or information, please contact this department @ (413) 587-1240

BUILDING DEPARTMENT DEMOLITION PERMIT SIGN-OFF SHEET

Date: _____

Address: _____

Building Use: _____

Owner: _____

Phone: _____

Owner's Address: _____

UTILITY CUT OFF

(Signature of Authorized Representative of Utility Department required)

As required by the Massachusetts State Building Code (780 CMR), a permit to demolish shall not be issued until a release from the utilities is obtained, stating that their respective service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner.

Eversource (Gas) _____
Signature Title

National Grid (Electric) _____
Signature Title

DPW (Water) _____
Signature Title

DPW (Sewer) _____
Signature Title

DPW (Storm water) _____
Signature Title

DPW (Tree Warden) _____
Signature Title

DPW Director _____
Signature Title

Historic Comm. Review _____
Signature Title

Health Department _____
Signature Title

ASBESTOS REMOVAL

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (MassDEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos containing materials (ACMs), both friable and non-friable, that are present at the site, and whether or not those materials will be impacted by the proposed work, ***prior*** to conducting any renovation or demolition activity.

Examples of commonly found ACMs include, but are not limited to, heating system insulation, floor tile and vinyl sheet flooring, mastics, wallboard, joint compound, decorative plasters, window glazing, asbestos containing siding and roofing materials and fireproofing materials.

Failure to identify and remove all ACMs prior to its being impacted by renovation or demolition activities, can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring costs.

A DOS certified asbestos consultant must be contracted to determine if asbestos is present and whether removal/repair is necessary. If the building is a state owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to inquire if a contractor has any history of violations. Only DoS licensed and DOS certified asbestos abatement contractors and consultants may be hired to perform asbestos related work in Massachusetts.

Received by: _____

Print Name

Title

Signature

Date



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors Map & Parcel Numbers _____	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions: Lot Area (sq ft) _____ Frontage (ft) _____	

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

<p>5.1 Construction Supervisor License (CSL)</p> <p>_____ Name of CSL Holder</p> <p>_____ No. and Street</p> <p>_____ City/Town, State, ZIP</p> <p>_____ Telephone</p> <p>_____ Email address</p>	<p>_____ License Number</p> <p>_____ Expiration Date</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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<p>5.2 Registered Home Improvement Contractor (HIC)</p> <p>_____ HIC Company Name or HIC Registrant Name</p> <p>_____ No. and Street</p> <p>_____ City/Town, State, ZIP</p> <p>_____ Telephone</p>	<p>_____ HIC Registration Number</p> <p>_____ Expiration Date</p> <p>_____ Email address</p>
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SECTION 6: 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

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S 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.

Print Owner's Name (Electronic Signature)

Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature)

Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps
2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	
3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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Northampton, MA 01060



CONSTRUCTION DEBRIS AFFIDAVIT (FOR ALL DEMOLITION AND RENOVATION PROJECTS)

In accordance of the provisions of MGL c 40, S54, a condition of Building Permit Number _____ is that all debris resulting from this work shall be disposed of in a properly licensed waste disposal facility, as defined by MGL c 111, S 150A.

The debris will be disposed of in:

Location of Facility: _____

The debris will be transported by:

Name of Hauler: _____

Signature of Applicant: _____ 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 a 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 #: _____