



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:		1.4 Property Dimensions:	
Zoning District _____	Proposed Use _____	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

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

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

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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 _____

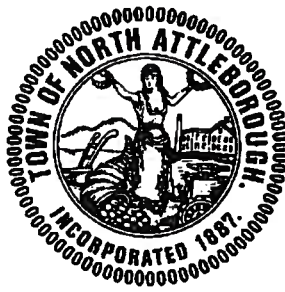
NOTES:

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)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT
REQUIRED SIGN-OFF
PRIOR TO ISSUING OF BUILDING PERMIT**

MUST BE FILLED IN PRIOR TO TAX COLLECTOR STAMP

Property Address: _____
Plat/Map: _____ Lot: _____ Permit: _____

Signature

Date

Board of Selectmen: _____
(Common Victualler's License, Class I and Class II)

Assessors Dept: _____
(verify address/new dwellings, commercial)

Planning Board: _____

Conservation Commission: _____
Site Visit Required Prior To Construction Permit Required Prior To Construction Permit Issued

Zoning Board of Appeals: _____


Board of Health: _____

Historical Commission: _____
(For Structures 80 Years And Older)

Department of Public Works (49 Whiting St) :
Water Permit _____
Sewer Permit _____
Highway/curb cut _____

North Attleboro Electric Company: _____

North Attleboro Fire Department: _____

Tax Collector: 

A final review of the departments listed above has been completed and a building permit can now be issued:

Building Inspector _____
Date



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT
43 S. Washington St.
North Attleborough, MA 02760
508-699-0110**

INSPECTION POLICY

1. The Dwelling site **MUST** be marked with the Street Number or it will **FAIL** an inspection and a \$25.00 re-inspection fee will be charged.
2. Twenty-four (24) hour notice prior to start of construction is required. The inspector has forty-eight (48) hours to inspect.
3. New Construction: post Building Permit card in a zip-lock bag nailed to address board.
4. **ALL PERMITS** (Building, Mechanical, Electrical, Sheet Metal, Trench, Plumbing, & Gas) **MUST** be posted in the dwelling for **ALL** Inspections. (Typically in kitchen window). A copy of the stamped plans is required to be on the property from rough inspection through finals.
5. The following information needs to be given when requesting an inspection: (called in **ONLY** by the applicant applying for the permit).
 - a. Permit Number
 - b. Address of Property
 - c. Owner of Property
 - d. Type of Inspection
 - e. Contractor's name & phone #
6. Re-inspection fee: Failed and/or Additional inspections will be a \$25.00 fee
7. **The following inspections are required:**
 - a. **Excavation:** prior to installation of any stone, engineered fill or form work
 - b. **Footing and Foundation:** all wall ties removed and holes filled with hydraulic cement, foundations shall be waterproofed from top of footing to finish grade.
 - c. **Pier Footing:** for decks, additions, sheds etc. shall require open hole inspection (prior to concrete placement) *Sheds over 400 sq.ft.
 - d. **Fireplace:** all fireplaces require throat and smoke chamber inspection, request inspection at setting of first flue tile. Requires a service (cleaning) prior to inspection. (Masons; plan accordingly). (Installation manual @ site)
 - e. **Rough Electric** (Must be called in by Electrician unless homeowner is doing the work)
Note: Please be sure that all other electrical permits have been inspected (example: burglar alarm and low voltage)
 - f. **Rough Plumbing/Gas** (Must be called in by Plumber)
 - g. **Rough Mechanical & Sheet Metal** (will be done at the same time as the rough frame (plan accordingly)
 - h. **Rough Frame:**
 - All holes and penetrations in the building envelope must be foamed and or fire stopped @ top & bottom plates.
 - Guard rails/handrails (when applicable) Riser (when applicable) Attic pull-down (insulated & pull chain on light)
 - All rafter venting baffles stapled in place.
 - Insulate behind electrical boxes.
 - **Exterior siding 100% complete.**

Over >

Inspection Policy Cont.

(Rough Electric, Plumbing and Gas must be signed off prior to calling in for a rough building inspection)

- i. **Insulation**
- j. **Final Electric**
- k. **Final Plumbing/Gas**
- l. **Final Mechanical & Sheet Metal** (will be done at the same time as the final building-should be up and running-plan accordingly)

- m. **Final Fire Department Inspection:** Coordinated through (NAFD) (508) 699-0140.
Smoke Detectors, Carbon Monoxide Alarm and Oil Burners Inspection is a Separate Fee paid to the NAFD. (Including Additions and Basement Remodels)

- n. **Final Building:** Required ***Prior*** to inspection:
 - 1) *Final As-Built*
 - 2) *Final Affidavit (on letterhead) from Contractor on record.*
 - 3) *Final Affidavit from Architect on record.*
 - 4) *Certificate of Insulation @ electrical box.*
 - 5) *Need installation manual for appliances.*

Note: When requesting a Certificate of Occupancy, bring the original Building card with all the sign-off signatures and your Certificate of Compliance (septic only) receipt from the Board of Health with you to the Building Department. We will call you when it is ready to be picked up.

Certificate of Occupancy fee must be paid (if applicable) \$100.00

*****Final Building Inspection – Mandatory for All Projects*****

Note: Failure to obtain a final inspection (for all projects) will be brought to the attention of the BBRs' license review board.

Final As-Built is required prior to final inspection & Certificate of Occupancy being issued.

As-Built MUST include the following (at 40' = 1"Scale)

- Address
- Accurate footprint of all structures including decks (set-backs of all structures)
- Elevation of T.O.F. (top of foundation)
- Elevation of garage floor
- All underground utilities (water, sewer, electric telephone cable, etc.); If overhead, note on plan overhead electric
- All easements and rights of ways
- Any retaining walls over 4' in height of unbalanced fill.
- Driveway
- Septic system and well location
- Wetlands
- Topography to show run off



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT
43 So. Washington Street
North Attleborough, MA 02760
Phone: 508-699-0110
Fax: 508-699-0144**

DISPOSAL FORM

Permit # _____

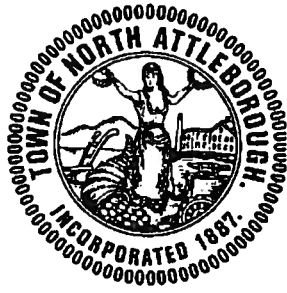
780 CMR 8th Edition., Subsection 105.3.1.2, Other Requirements, 5. Debris Removal . Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

The debris will be disposed of:

Name of Waste Facility: _____

Address of Facility: _____

Signature of Permit Applicant: _____



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

AFFIDAVIT

Home Improvement Contractor Law
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 the other requirements.

Type of Work: _____

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 OF GUARANTY FUND UNDER MGL c.142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



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INTERNATIONAL ENERGY CONSERVATION CODE®

**TABLE 402.4.2
AIR BARRIER AND INSULATION INSPECTION COMPONENT CRITERIA**

COMPONENT	CRITERIA
Air barrier and thermal barrier	Exterior thermal envelope insulation for framed walls is installed in substantial contact and continuous alignment with building envelope air barrier. Breaks or joints in the air barrier are filled or repaired. Air-permeable insulation is not used as a sealing material. Air-permeable insulation is inside of an air barrier.
Ceiling/attic	Air barrier in any dropped ceiling/soffit is substantially aligned with insulation and any gaps are sealed. Attic access (except unvented attic), knee wall door, or drop down stair is sealed.
Walls	Corners and headers are insulated. Junction of foundation and sill plate is sealed.
Windows and doors	Space between window/door jambs and framing is sealed.
Rim joists	Rim joists are insulated and include an air barrier.
Floors (including above-garage and cantilevered floors)	Insulation is installed to maintain permanent contact with underside of subfloor decking. Air barrier is installed at any exposed edge of insulation.
Crawl space walls	Insulation is permanently attached to walls. Exposed earth in unvented crawl spaces is covered with Class I vapor retarder with overlapping joints taped.
Shafts, penetrations	Duct shafts, utility penetrations, knee walls and flue shafts opening to exterior or unconditioned space are sealed.
Narrow cavities	Batts in narrow cavities are cut to fit, or narrow cavities are filled by sprayed/blown insulation.
Garage separation	Air sealing is provided between the garage and conditioned spaces.
Recessed lighting	Recessed light fixtures are air tight, IC rated, and sealed to drywall. Exception—fixtures in conditioned space.
Plumbing and wiring	Insulation is placed between outside and pipes. Batt insulation is cut to fit around wiring and plumbing, or sprayed/blown insulation extends behind piping and wiring.
Shower/tub on exterior wall	Showers and tubs on exterior walls have insulation and an air barrier separating them from the exterior wall.
Electrical/phone box on exterior walls	Air barrier extends behind boxes or air sealed-type boxes are installed.
Common wall	Air barrier is installed in common wall between dwelling units.
HVAC register boots	HVAC register boots that penetrate building envelope are sealed to subfloor or drywall.
Fireplace	Fireplace walls include an air barrier.