

**Procedures and Information Required for Constructing,
Repairing, Renovating, or Demolishing a One or Two Family
Dwelling**

1. Complete the application in its entirety.
2. Fill out the Homeowner's Exemption – if doing the work yourself.
3. If using a contractor, he/she must fill out the Contractor Affidavit and Workman's Comp form. Also attach a copy of the contractor's liability insurance.
4. Fill out the Energy Code form – must be the latest version.
5. Fill out Material Specifications form.
6. House number must be on application, if not approved, see Land use Office for information on obtaining a house number for the lot.
7. A plot plan showing setbacks and location of septic system and leachfield, if not on town sewer. A floor plan of the current house, naming each room, along with a floor plan of the proposed, naming each room, must be included.
8. Copy of deed.
9. Copy of well results and septic permit if available.
10. Copy of the approved Planning Board ANR Plan.
11. Two sets of structural plans (either 8-1/2" x 11" or 11" x 17" in size) of house truss info, and foundation info
12. Have Fire Department sign off on the plans and sign application.
13. Prior to returning the packet to the Land Use Office, you need to have the appropriate Boards, Commissions, and/or Departments sign off on the application.

If you have any questions, please do not hesitate to contact Donée in the Land Use Office at (978) 827-4100 ext 117.



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



The Town of Ashburnham
 Land Use Office
 15 Oakmont Drive
 Ashburnham, MA 01430

Phone: 978-827-4100 EXT 117

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

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____
 Signature: _____ Date _____
 Building Commissioner/Inspector of Buildings

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____ **1.2 Assessors Map & Parcel Number:** _____

 _____ Map Number _____ Parcel Number _____
1.3 Zoning Information: _____ **1.4 Property Dimensions:** _____
 Zoning District _____ Proposed Use _____ Lot Area (sf) _____ Frontage (ft) _____
1.6 Building Setbacks (ft)

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

1.7 Water Supply (M.G.L. c. 40, § 54)
 Public Private

1.5 Flood Zone Information:
 Zone: _____ Outside Flood Zone

1.8 Sewage Disposal System:
 Municipal On site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:
 Name (Print) _____ Address for Service: _____
 Signature _____ Telephone _____
2.2 Authorized Agent:
 Name (Print) _____ Address for Service: _____
 Signature _____ Telephone _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:
 Licensed Construction Supervisor: _____
 Address _____
 Signature _____ Telephone _____
 Not Applicable
 License Number _____
 Expiration Date _____

3.2 Registered Home Improvement Contractor:
 Company Name _____ Reg No _____
 Address _____
 Signature _____ Telephone _____
 Not Applicable
 Registration Number _____
 Expiration Date _____

SECTION 4 - 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 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction Existing Building Repair(s) Alteration(s) Addition
 Accessory Bldg Demolition Other Specify: _____

Brief Description of Proposed Work:

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

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

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 _____

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION

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 _____

- Approved by Board of Health _____ Date _____
- Approved by Planning Board _____ Date _____
- Approved by Historical Commission _____ Date _____
- Approved by Conservation Commission _____ Date _____
- Approved by Fire Chief _____ Date _____
- Approved by Highway Dept _____ Date _____
- Approved by Building Commissioner/Zoning Officer _____ Date _____
- Approved by Treasurer's Office _____ Date _____

TOWN OF ASHBURNHAM

For Office Use Only
Permit No _____
Date _____

**AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application**

GL 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 for 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: _____

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 M.G.L. c. 142A.

Signed under penalties of perjury:

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

Date Contractor Name Registration No.

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

Date Owner's Name _____



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 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 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 their workers' comp. policy information.

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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
<p>City or Town: _____</p>	<p>Per mit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

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

ENERGY CONSERVATION APPLICATION FORM FOR ENERGY EFFICIENCY FOR ONE- AND TWO-FAMILY DETACHED RESIDENTIAL CONSTRUCTION (780 CMR 61.00)

Applicant Name: _____ Site Address: _____
print
 Town: _____
 Applicant Phone: _____
 Applicant Signature: _____ Date of Application: _____

NEW CONSTRUCTION: (choose ONE of the following two options)

**780 CMR TABLE 6107.1
 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA FOR
 NEW ONE- AND TWO-FAMILY BUILDINGS**

<input type="checkbox"/> Option 1:	MAXIMUM	MINIMUM							
	Fenestration U-factor	Ceiling or exposed floors R-Value	Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab Perimeter R-Value and Depth	AFUE	HSPF	SEER
	.35	R-38	R-19	R-19	R-10	R-10, 4 ft.	National Appliance Energy Conservation Act (NAECA) of 1987 as amended, minimums or greater as applicable		

Option 2: Note: This form is not required if you choose either of the two versions of REScheck as listed below.

- REScheck Version 4.1.2 or later variant software analysis must be completed (780 CMR 6107.3.2)
- REScheck-Web which can be accessed at <http://www.energycodes.gov/rescheck/>

ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD*

*Buildings under 5 years old must use option #1 or #2 in New Construction section above.

Complete the following formula to determine the % of glazing:

(a) Gross Wall & Ceiling Area equals _____ SF

(b) Glazing area equals _____ SF

Formula: $(100 \times b \div a)$

$100 \times \frac{\quad}{b} \div \frac{\quad}{a} = \quad \% \text{ of glazing}$

If glazing is $\leq 40\%$ use the chart below. If glazing is $> 40\%$ proceed to "SUNROOM" section

**780 CMR TABLE 6101.3
 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING
 LOW-RISE RESIDENTIAL BUILDINGS**

<input type="checkbox"/>	MAXIMUM	MINIMUM				
	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet

a R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed over exterior walls, and including any access openings).

SUNROOM – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition.
 Note: Owner to fill out *Consumer Information Form* (found in Appendix 120.P)

MATERIAL SPECIFICATIONS

Footings _____ x _____
Floor _____ inches thick
Foundation _____ inches thick by _____ high
Foundation: Type _____ (poured, block, etc.)
Floor Joists _____ x _____ Span _____ o/c _____
Carrying Beam _____ x _____ Span from column to column _____
Sub-Floor _____ x _____ x _____ Plys _____ Grade _____
Studding (bearing walls) _____ x _____ x _____ o/c _____
Ceiling Joists _____ x _____ Span _____ o/c _____
Roof Rafters _____ x _____ Span _____ o/c _____
Roof Trusses _____ x _____ Top Chord _____ x _____
Lower Cord Span _____ x _____ o/c _____
Exterior Sheathing _____ x _____ x _____ Plys _____ Grade _____
Roof Sheathing _____ x _____ x _____ Plys _____ Grade _____
Felt _____ lb.
Roofing Materials: Type _____ lbs. _____ per square
Under Layment _____ x _____ x _____
Finish Floor: Kitchen _____ Bath _____ Living, Dining _____
Bedroom _____
Interior Wall Finish _____ inch sheetrock. Other _____
Exterior Siding _____
Insulation: Walls _____ Ceiling _____ Cellar _____
Roof Pitch _____
Chimney: Flue Size (s) _____
Fireplace: Hearth _____ x _____ Firebox Wide _____ Deep _____
Foundation Waterproofing Material _____
Automatic Fire Alarm _____
Bedroom Window Sizes: _____
Other: _____

Applicant's Signature