



OFFICE OF THE INSPECTOR OF BUILDINGS

Town Of GREENFIELD, MASSACHUSETTS

Town Hall, Greenfield, Mass, 01301

(413) 772-1404

Fax: (413) 772-1566

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE CHANGE THE USE OR OCCUPANCY OF OR DEMOLISH ANY BUILDING OTHER THAN 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 (MGL 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: _____

Electronic Signature: _____ Telephone: _____

2.2 Authorized Agent

Name: (Print) _____ Address: _____

Electronic Signature: _____ Telephone _____

SECTION 3 - CONTRACTOR SERVICES- for projects less than 35,000 cubic feet of enclosed space

3.1 Licensed Construction Supervisor:

Not Applicable

Licensed Construction Supervisor: _____ License Number _____

Address: _____ Expiration Date _____

Signature: _____ Telephone _____

Not Applicable

3.2 Registered Home Improvement Contractor:

Registration Number _____

Address: _____ Expiration Date _____

Signature: _____ Telephone _____

SECTION 4 - WORKERS COMPENSATION INSURANCE AFFIDAVIT (MGL 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 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)
(Please fill out Appendix 2)**

5.1 Registered Architect:

Name (Registrant)

Address

Signature

Telephone

Not Applicable

Registration Number

Expiration Date

5.2 Registered Professional Engineer(s):

Name (Registrant)

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name (Registrant)

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

5.3 General Contractor

Company Name

Responsible in Charge of Construction

Address

Signature

Telephone

License No. and Type if Applicable

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)

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

Are Building Plans and /or construction documents being supplied as part of this permit application? Yes ___ No ___

Brief Description of Proposed Work:

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE:

	USE GROUP (Check as Applicable)			CONSTRUCTION TYPE
A Assembly	A-1	A-2	A-3	1A
	A-4	A-5		1B
B Business				2A
E Educational				2B
F Factory	F-1	F-2		2C
				3A
H High Hazard				3B
I Institutional	I-1	I-2	I-3	4
				5A
R Residential	R-1	R-2	R-3	5B
S Storage	S-1	S-2		
U Utility	Specify: _____			
M Mixed Use	Specify: _____			
S Special Use	Specify: _____			

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE OR OCCUPANCY Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group: _____ Proposed Use Group: _____

Existing Hazard Index (780 CMR 34): _____ Proposed Hazard Index (780 CMR 34): _____

SECTION 8 BUILDING HEIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)

Is an Independent Structural Engineering Structural Peer Review Required Yes ___ No ___

SECTION 10a - 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 _____

Electronic Signature of Owner _____ Date _____

SECTION 10b - 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)

(Electronic Signature of Owner/Agent)

(Date)

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier \$10 per thousand	
1. Building			
2. Electrical		(b) Estimated Cost From (1 + 5) =	
3. Plumbing		Building Permit Fee (a) x (b) + New- \$75 Renovation- \$45 Roofing, Siding, Windows- \$45 =	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = 1 + 2 + 3 + 4 + 5)		Check Number	

SECTION 12 - SELECTED CHARACTERISTICS OF THE BUILDING

FOUNDATION <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Full <input type="checkbox"/> Placed Concrete <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> # of Finished Rooms	SIDING <input type="checkbox"/> Clapboard <input type="checkbox"/> Shingles <input type="checkbox"/> Board and Batten <input type="checkbox"/> T-1-11 <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Other, Specify _____	SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Private	ROOFING <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Membrane <input type="checkbox"/> Other _____ DIMENSIONS <input type="checkbox"/> # of Stories _____ <input type="checkbox"/> Sq Ft Floor Area _____ <input type="checkbox"/> Habitable Space _____ <input type="checkbox"/> Total Land Area _____	OFF STREET PARKING <input type="checkbox"/> Enclosed <input type="checkbox"/> Outdoors RESIDENTIAL ONLY <input type="checkbox"/> # Bedrooms _____ <input type="checkbox"/> # Half Baths _____ <input type="checkbox"/> # Full Baths _____ <input type="checkbox"/> # Kitchen Sinks _____ <input type="checkbox"/> # Dishwashers _____ <input type="checkbox"/> # Clothes Washers _____ <input type="checkbox"/> # Basement Sink _____ <input type="checkbox"/> # Sill Cock _____ <input type="checkbox"/> # Garbage Disposer _____ <input type="checkbox"/> # Fireplace _____
PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete		MECHANICAL CENTRAL AIR CONDITIONING Yes No PASSENGER ELEVATOR Yes No		
PRINCIPAL TYPE OF HEAT <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood	<input type="checkbox"/> Hot Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Baseboard <input type="checkbox"/> Heat Pump	<input type="checkbox"/> # Stories _____ <input type="checkbox"/> Height _____ <input type="checkbox"/> Length _____		<input type="checkbox"/> Type of Building _____ <input type="checkbox"/> Number of Dwelling Units _____ <input type="checkbox"/> Width _____
Other, Specify: _____		UTILITY <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Water & Sewer <input type="checkbox"/> Dept. of Labor & Industries <input type="checkbox"/> Lead and Asbestos	RELEASED BY _____ _____ _____ _____	



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."

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 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



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Town Of GREENFIELD, MASSACHUSETTS

Town Hall, Greenfield, Mass, 01301 (413) 772-1515 or 772-1506

Fax: (413) 772-1521

**PERMIT FEE SCHEDULE
EFFECTIVE JANUARY 1, 2004**

RESIDENTIAL

Price Per Square Foot (with a minimum fee of \$40.00 example: $\$.50 \times 10 = \$5.00 = \$40.00$ minimum fee)

a) Living Space - Square Feet	.50
b) Garage	.35
c) Porch and Deck	.35
d) Accessory (shed, carport)	\$30.00 plus \$10 per \$1,000 of cost
e) Renovation	\$40.00 plus \$10 per \$1,000 of cost
f) Roofing	\$40.00 plus \$10 per \$1,000 of cost
g) Siding & Windows	\$40.00 plus \$10 per \$1,000 of cost

COMMERCIAL

- a) New ... \$75.00 minimum plus \$10 per thousand dollars of cost (inspector will refigure unrealistic costs)
- b) Renovation ... \$45.00 plus \$10 per \$1,000 of cost
- c) Roofing....\$45.00 plus \$10.00 per \$1,000 of cost
- d) Siding and Windows \$45.00 plus \$10.00 per \$1,000 of cost

DEMOLITION

Principle Structure	\$200.00
Accessory Structure over 200 square feet	\$100.00
Accessory Structure under 200 square feet	\$50.00

SWIMMING POOLS

Above ground	\$50.00
Below ground	\$100.00

SIGNS

1 - 25 square feet	\$40.00
26 - 50 square feet	\$50.00
above 50 s.f.	\$50.00 plus \$1.00 per s.f. > 50

STOVES and CHIMNEYS

\$50.00

TEMPORARY TENTS

1	\$50.00
2 - 5 same location	\$20.00 ea
more than 6	\$15.00 ea

AWNING and CANOPIES

\$75.00

- Notes: 1) All projects requiring a permit begun prior to obtaining said permit shall be charged twice the original correctly calculated fee.
- 2) When an inspection is called for and the inspector has to return to view corrective measures, a fifty dollar re-inspection fee shall be charged and paid for prior to any occupancy and before use is authorized.



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SOLID WASTE DISPOSAL AFFIDAVIT

As a result of the provisions of MGL c 40, S54, I acknowledge that as a condition of the building permit issued to *(insert address)* _____ 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.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Name of Permit Applicant (please print) Telephone number

Date

Signature of Permit Applicant

(Print or type the following information)

Company to Pick-up or facility where disposed

Address

Telephone number