



William F. Martin  
Mayor

City known as the Town of  
**GREENFIELD, MASSACHUSETTS**

**DEPARTMENT OF INSPECTIONS  
AND ENFORCEMENT**

**MARK A. SNOW**  
Inspector of Buildings

Town Hall • 14 Court Square • Greenfield, MA 01301  
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**A Permitting Guide and Check list to assist applicants through the permitting process for  
New & Existing Commercial Projects.**

The intent of this guide/check list is to assist applicants with the permitting process for their commercial project.

For this guide/check list, a commercial project/ building is defined as any building other than One & Two Family Dwellings and their accessory structures.

1. Applicants must contact the Department of Inspections and/or Department of Planning & Development for a determination whether a project (New or expansion to an existing building) meets land use regulations per Greenfield's zoning ordinance and whether a site plan review, special permit, or Major development review would be required by either the Planning Board or Zoning Board of Appeals.  
Completed: Yes [ ] No [ ] N/A [ ]
2. Applicants must contact the Conservation Commission Agent who is located in the Department of Planning & Development office regarding all work (construction, cutting, grading, or new landscaping) located within 100 feet of a wetland or within 200 feet of a stream under the MA Wetlands Protection Act and Regulations, as well as under the Greenfield Wetlands Protection Ordinance Chapter 195.  
Completed: Yes [ ] No [ ] N/A [ ]
3. When a project involves fire protection systems, (New or existing), applicants must contact the Greenfield Fire Department for the Massachusetts Fire Prevention regulations. Questions relating to fire protection systems should be directed to the Department of Inspections and or Greenfield Fire Department.  
Completed: Yes [ ] No [ ] N/A [ ]
4. When a project involves a food establishment, or a property that's sells tobacco, (New or existing), applicants must contact the Local Health Department for food establishment and tobacco regulations. All questions relating to food, food prep areas, and tobacco regulations should be directed to the local Health Department.  
Completed: Yes [ ] No [ ] N/A [ ]
5. When a project involves an on-site septic system, applicants must contact the local Health Department for Title V on-site septic regulations. All questions related to on-site septic systems should be directed to the local Health Department.  
Completed: Yes [ ] No [ ] N/A [ ]

6. When a project involves an existing building, applicants should contact the Department of Planning & Development to find out if their property and building are located in an historic district, whether the building is listed as an historic building and if Historic Commission has an interest in a project.  
Completed: Yes [ ] No [ ] N/A [ ]
7. Applicants should contact the Assessor's office located on first floor of Town Hall to find out if there are any restrictions placed on their property, i.e. Chapter 61 land.  
Completed: Yes [ ] No [ ] N/A [ ]
8. Applicants should contact the Licensing Commission agent located on the first floor of Town Hall regarding licensing requirements for their project. Completed: Yes [ ] No [ ] N/A [ ]
9. When work will be performed that is regulated by 780 CMR Massachusetts State Building Code, applicants must complete a building permit application form, (Commercial application form) provide construction documents, floor plans, details, and other information applicable to your project.  
Completed: Yes [ ] No [ ] N/A [ ]
- New construction or If you are changing the footprint to an existing building in anyway, you must submit a site/plot plan of the property showing existing and proposed buildings on a property, along with any proposed changes and distances to property lines, i.e. front, sides, rear.  
Completed: Yes [ ] No [ ] N/A [ ]
  - Applicants should contact the Department of Inspections prior to submitting permit application to find out if their project is subject to and requires Construction Control per 780 CMR Massachusetts State Building Code. Completed: Yes [ ] No [ ] N/A [ ]
  - When a project requires construction control, construction control documents provided by the Commonwealth Department of Public Safety must be included with the permit application.  
Completed: Yes [ ] No [ ] N/A [ ]
  - When work is being done to an existing building, an evaluation of the work area must be performed based on the level of proposed work per the 2009 International Existing Building Code (IEBC). A report prepared by a registered design professional must be included with the permit application. Completed: Yes [ ] No [ ] N/A [ ]
  - Construction drawings, detailed plans, information and calculations applicable to your project must be included, i.e. for Structural, Architectural, Fire Protection Narrative, Fire protection Documents, Mechanical, Energy, Electrical, Plumbing & Gas, Other. (3 sets of construction drawings required) Completed: Yes [ ] No [ ] N/A [ ]
- If applicable, a schedule of special inspections for your project must be provided, per 780 CMR Chapter 17, Completed: Yes [ ] No [ ] N/A [ ]
- A list of Sub contractors hired for a project along with their workers compensation and license information must be provided to the Department of Inspections.  
Completed: Yes [ ] No [ ] N/A [ ]

10. Fire protection systems are regulated and permitted by 780 CMR, Massachusetts State Building Code, Greenfield Fire Department reviews, comments, and inspects fire protection systems in conjunction with the Inspections Department. Fire protection documents must be submitted to the Department of Inspections along with the permit application and other plans, the Inspections Department will transmit Fire Protection documents to Greenfield Fire Department for their review and comments.

Completed: Yes [ ] No [ ] N/A [ ]

11. When sheet metal work will be performed on a project, a separate application for a permit to perform Sheet metal work and fee are required prior to work beginning. Sheet metal work must be performed by a licensed sheet metal worker. Questions relating to sheet metal work should be directed to the Inspector of Buildings.

Completed: Yes [ ] No [ ] N/A [ ]

12. When electrical work will be performed on a project, a separate application for a permit to perform Electrical work and fee are required prior to work beginning. Electrical work must be performed by a licensed electrician. Questions relating to electrical work should be directed to the Inspector of Wiring.

Completed: Yes [ ] No [ ] N/A [ ]

13. When plumbing work will be performed on a project, a separate application for a permit to perform plumbing work and fees are required prior to work beginning. Plumbing work must be performed by a licensed Plumber. Questions relating to plumbing work should be directed to the Inspector of Plumbing.

Completed: Yes [ ] No [ ] N/A [ ]

14. When gas fitting work will be performed on a project, a separate application for a permit to perform gas fitting work and fees are required prior to work beginning. Gas fitting work must be performed by a licensed Gas fitter. Questions relating to gas fitting work should be directed to the Inspector of Gas fitting.

Completed: Yes [ ] No [ ] N/A [ ]

15. When a project involves Utilities, Site Excavating, or Digging, applicants must contact the Department of Public Works (DPW) for required permits prior to work beginning:

• Excavation/digging permit. Completed: Yes [ ] No [ ] N/A [ ]

• Water & Sewer connection permit (If property is serviced by city water & sewer)  
Completed: Yes [ ] No [ ] N/A [ ]

• Access permit (For any new or reconfigured driveways and curb cuts)  
Completed: Yes [ ] No [ ] N/A [ ]

• Storm water connection permit (For any new or modified drainage connection to the Town's storm water system)  
Completed: Yes [ ] No [ ] N/A [ ]

• Back flow Preventer, Installation of any Fire Protection system or connection to city water system requiring a back flow preventer. Completed: Yes [ ] No [ ] N/A [ ]

• Demolition of any structure serviced by city water or sewer, all utilities must be cut off at the main prior to work beginning. You may request this be done by DPW with a minimum seven (7) day notice.  
Completed: Yes [ ] No [ ] N/A [ ]

- Ladder-Staging permit (Required to temporarily erect a structure on or over Town property to include ladder, staging, crane or dumpster) Completed: Yes [ ] No [ ] N/A [ ]

At the time of submitting permit applications and plans to Departments for permits, applicants must submit all required documents and information for the permit they are applying for. This will save time, expedite the plans review and permitting process.

Based upon the complexity of a proposed project, the Permits Manager or the Inspector of Buildings may recommend a meeting with the Staff Technical Review Group. This allows prospective applicants to discuss proposed developments and receive input prior to officially submitting permit applications. In an effort to make these meetings as productive as possible, it is highly recommended that a preliminary plan or conceptual plan be submitted at least two weeks prior to the scheduled meeting. This will enable Town staff to conduct a preliminary review. The more detail contained on the plan, the more productive and informative the meeting will be.

Upon completion of the meeting, the Permits Manager will prepare a summary report outlining the issues discussed and permits to be obtained. This report will be forwarded to the project proponent and to the regulatory boards that have jurisdiction over the project.

The purpose of the Staff Technical Review Group is twofold. First, the group assists applicants and potential applicants through the Development Review and Permit process by:

- Identifying Town and State Regulations that apply to the project;
- Identifying site design issues that are of concern and discussion of potential solutions; and
- Identifying permits that will be required and the process for obtaining them.

Secondly, the group assists the Town's regulatory boards by coordinating internal departmental reviews.

The Staff Technical Review Group consists of the following Departments and Individuals:

Building & Inspections Department:	Inspector of Buildings -	(413)772-1404 ext 2105
Department of Public Works (DPW):	Engineering Superintendent –	(413)772-1528 ext 6103
Fire Department:	Fire Prevention Officer -	(413)774-4737 ext 1114
Health Department:	Director of Health -	(413) 772-1404 ext 2100
Licensing Commission	Licensing Coordinator -	413)772-1580
Planning & Development Department:	Permits Manager, Conservation Agent –	413)772-1549

The Staff Technical Review Group functions only as an advisory group to applicants and the Town's regulatory boards. All final decisions and conditions are the purview of the permit granting authority. To take advantage of a Tech Review Group meeting, you may contact Eric Twarog; Director of Planning & Development at (413) 772-1549, Mr. Twarog will then arrange a date and time to meet.

Please call the Department of Inspections & Enforcement at (413)772-1404 with any questions or if additional information is needed about the permitting process. Thank you for your cooperation, we look forward to working with you.



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) | 1.5 Flood Zone Information: | 1.8 Sewage Disposal System:

Public Private | Zone Outside Flood Zone | 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: \_\_\_\_\_

<b>SECTION 3 - CONTRACTOR SERVICES- for projects less than 35,000 cubic feet of enclosed space</b>	
3.1 Licensed Construction Supervisor:	Not Applicable
Licensed Construction Supervisor: _____	License Number _____
Address: _____	Expiration Date _____
Signature: _____ Telephone _____	
3.2 Registered Home Improvement Contractor:	Not Applicable
Company Name: _____	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)**

<b>New Construction</b>	<b>Existing Building</b>	<b>Repairs(s)</b>	<b>Alteration(s)</b>	<b>Addition</b>
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:

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**SECTION 7 - USE GROUP AND CONSTRUCTION TYPE:**

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

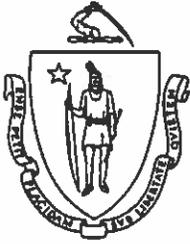
(Date)

**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**

<b>FOUNDATION</b> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Full Placed Concrete <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> # of Finished Rooms	<b>SIDING</b> <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 _____	<b>SEWAGE DISPOSAL</b> <input type="checkbox"/> Public <input type="checkbox"/> Private  <b>WATER SUPPLY</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>ROOFING</b> <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Slate <input type="checkbox"/> Metal <input type="checkbox"/> Membrane <input type="checkbox"/> Other _____  <b>DIMENSIONS</b> <input type="checkbox"/> # of Stories _____ <input type="checkbox"/> Sq Ft Floor Area _____ <input type="checkbox"/> Habitable Space _____ <input type="checkbox"/> Total Land Area _____	<b>OFF STREET PARKING</b> <input type="checkbox"/> Enclosed <input type="checkbox"/> Outdoors  <b>RESIDENTIAL ONLY</b> <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 _____
<b>PRINCIPAL TYPE OF FRAME</b> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete		<b>MECHANICAL</b> <b>CENTRAL AIR CONDITIONING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>PASSENGER ELEVATOR</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PRINCIPAL TYPE OF HEAT</b> <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: _____		<b>UTILITY</b> <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	<b>RELEASED BY</b> _____ _____ _____ _____	



# Initial Construction Control Document

To be submitted with the building permit application by a

**Registered Design Professional**

for work per the 8<sup>th</sup> edition of the

Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check one or both as applicable:  New construction  Existing Construction

Project description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_, am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- Architectural       Structural       Mechanical
- Fire Protection       Electrical       Other \_\_\_\_\_

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

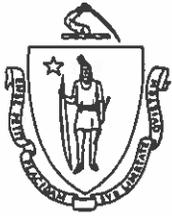
When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Building Official Use Only</b>		
Building Official Name: _____	Permit No.: _____	Date: _____



# Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8<sup>th</sup> Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

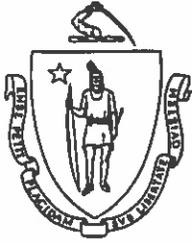
<b>Required Inspections to be performed by the Building Official <sup>1,6</sup></b>			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System <sup>2</sup>	
Concrete Slab/Under Floor		Carbon Monoxide System <sup>4</sup>	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump <sup>3</sup>	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Componentes		Final inspection	
<b>Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6,7</sup></b> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componentes		Other Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) \_\_\_\_\_ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals and will copy all individuals with 780 CMR 107 responsibility.

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature or type name if electronic signature

<b>Building Official Use Only</b>	
Building Official Name: _____	Date: _____



# Construction Control Progress Checklist

To be submitted at completion of required site reviews for construction progress per the 8<sup>th</sup> edition of the Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

I, \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ am a *registered design professional* and I or my designee have observed the following work, and to the best of my knowledge, information, and belief the construction work indicated below has been performed in a manner consistent with the approved plans and specifications.

Required Site Review and Documentation for Portions or Phases of Construction <sup>1,4</sup> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition and analysis		Energy Efficiency Requirements	
Footing and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems (Special Inspection per Sections 909.3 and 909.18.8)	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Component		Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

**Description of Construction Work Observed<sup>a</sup>:**

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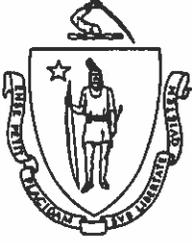
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<sup>a</sup> Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Building Official Use Only	
Building Official Name: _____	Date: _____



# Final Construction Control Document

To be submitted at completion of construction by a  
**Registered Design Professional**  
for work per the 8<sup>th</sup> edition of the  
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check one or both as applicable:  New construction  Existing Construction

Project description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_, am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- Architectural       Structural       Mechanical
- Fire Protection       Electrical       Other: \_\_\_\_\_

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Building Official Use Only</b>		
Building Official Name: _____	Permit No.: _____	Date: _____





City known as the Town of  
**GREENFIELD, MASSACHUSETTS**

William F. Martin  
Mayor

**DEPARTMENT OF INSPECTIONS  
AND ENFORCEMENT**

**MARK A. SNOW**

**Inspector of Buildings**

Town Hall • 14 Court Square • Greenfield, MA 01301  
Phone 413-772-1404 • Fax 413-772-1566  
MarkS1@greenfield-ma.gov • www.greenfield-ma.gov

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

**RESIDENTIAL; (One & Two Family Dwellings)**

**.50 Price per Square Foot (with a minimum fee  
example: \$.50 x 10 = \$5.00 = \$40.00 minimum fee)**

- Living Space - Square Feet
- Garage
- Porch and Deck
- Accessory (shed, carport)
- Renovation
- Roofing
- Siding & Windows

**.35**

**.35**

**\$30.00 plus \$10 per \$1,000 of cost**

**\$40.00 plus \$10 per \$1,000 of cost**

**\$40.00 plus \$10 per \$1,000 of cost**

**\$40.00 plus \$10 per \$1,000 of cost**

**COMMERCIAL; (Other than One & Two Family Dwellings)**

- New - \$75.00 minimum plus \$10 per thousand dollars of cost (inspector will refigure unrealistic costs)
- Renovation -
- Roofing -
- Siding and Windows -

**\$45.00 plus \$10 per \$1,000 of cost**

**\$45.00 plus \$10.00 per \$1,000 of cost**

**\$45.00 plus \$10.00 per \$1,000 of cost**

**DEMOLITION;**

- Principle Structure
- Accessory Structure over 200 square feet
- Accessory Structure under 200 square feet

**\$200.00**

**\$100.00**

**\$50.00**

**SWIMMING POOLS;**

- Above ground
- Below ground

**\$50.00**

**\$100.00**

**SIGNS;**

- 1 - 25 square feet
- 26 - 50 square feet
- Above 50 S.F.

**\$40.00**

**\$50.00**

**\$50.00 plus \$1.00 per S.F.> 50**

**AWNING and CANOPIES;**

**\$75.00**

**STOVES and CHIMNEYS;**

**\$50.00**

**TEMPORARY TENTS;**

- One tent -
- < 5 same location
- More than 6 tents same location

**\$50.00**

**\$20.00 ea**

**\$15.00 ea**



**Town of Greenfield**  
**Office of the Inspector of Buildings**  
 14 Court Sq., Greenfield, MA 01301  
 (413) 772-1404 Fax: (413) 772-1566  
 www.Greenfield-MA.gov



**Application for Sheet Metal Work Permit**

This Section For Official Use Only

Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION (check all that apply)**

1.1 Property Address: \_\_\_\_\_ Assessors Map & Parcel Numbers (Official Use Only)

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_ Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

Residential 1-2 Family  Multi-family  Condo/Townhouse  Other  \_\_\_\_\_

Commercial Office  Retail  Industrial  Educational  Institutional  Other  \_\_\_\_\_

Building Size Under 10,000 sq ft.  Over 10,000 sq ft.  Number of stories 1 2 3 4 5 6 7 8

**SECTION 2: PROPERTY OWNERSHIP**

**2.1 Owner of Record:**

Name (Print) \_\_\_\_\_ Address for Service (Mailing address): \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

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

3.1 Sheet metal work to be completed: New Work  Renovation  HVAC  Metal watershed roofing   
 Metal Chimney/Vents  Air balancing  Other  \_\_\_\_\_

Brief Description of Proposed Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS/PERMIT FEES**

4.1 Estimated costs (Labor and Materials):	\$ _____	<b>Official Use Only</b>
4.2 Multiply Item 4.1 by .01	\$ _____	
4.3 Add \$45 (Commercial) or \$40 (Residential) to Item 4.2	\$ _____	
Pay this amount		1. Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
Make checks payable to <u>Town of Greenfield</u>		

**SECTION 5: CONSTRUCTION SERVICES**

5.1 Licensed Sheet Metal Contractor  Name of Licensee _____  Address _____  Signature _____  Telephone _____	License Number _____ Expiration Date _____
	List Type (see below) _____
	Type Description
	J-1 Unrestricted Journeyman
	J-2 Restricted Journeyman
	M-I Unrestricted Master
M-II Restricted Master	
Restricted licenses are limited to dwellings three (3) stories or less and commercial up to 10,000 sq. ft/2-stories or less.	

**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 PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this permit application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner or Authorized Agent  
(Signed under the pains and penalties of perjury)

\_\_\_\_\_  
Date

Are building plans and/or construction documents being provided as part of this permit application in accordance with IMC Section 106-3.1?    Yes.....             No.....

**SECTION 8: ADDITIONAL INFORMATION OR SKETCHES (OPTIONAL)**

Blank area for additional information or sketches.



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 #: \_\_\_\_\_

<b>Are you an employer? Check the appropriate box:</b>		<b>Type of project (required):</b>
1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*	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.†	6. <input type="checkbox"/> New construction
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.]	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.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> 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 #: \_\_\_\_\_

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



# APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: \_\_\_\_\_

City or Town of: \_\_\_\_\_ To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) \_\_\_\_\_

Owner or Tenant \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner's Address \_\_\_\_\_

Is this permit in conjunction with a building permit? Yes  No  (Check Appropriate Box)

Purpose of Building \_\_\_\_\_ Utility Authorization No. \_\_\_\_\_

Existing Service \_\_\_\_\_ Amps \_\_\_\_\_ / \_\_\_\_\_ Volts Overhead  Undgrd  No. of Meters \_\_\_\_\_

New Service \_\_\_\_\_ Amps \_\_\_\_\_ / \_\_\_\_\_ Volts Overhead  Undgrd  No. of Meters \_\_\_\_\_

Number of Feeders and Ampacity \_\_\_\_\_

Location and Nature of Proposed Electrical Work: \_\_\_\_\_

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above <input type="checkbox"/> In- <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems: No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Attach additional detail if desired, or as required by the Inspector of Wires.

Estimated Value of Electrical Work: \_\_\_\_\_ (When required by municipal policy.)

Work to Start: \_\_\_\_\_ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE  BOND  OTHER  (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: \_\_\_\_\_ LIC. NO.: \_\_\_\_\_

Licensee: \_\_\_\_\_ Signature \_\_\_\_\_ LIC. NO.: \_\_\_\_\_

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ Alt. Tel. No.: \_\_\_\_\_

\*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. \_\_\_\_\_

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one)  owner  owner's agent.

Owner/Agent Signature \_\_\_\_\_ Telephone No. \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

FEE SCHEDULE FOR WIRING PERMITS

Effective as of 7/22/10

Residential Work

New Single Dwelling (includes temporary service).....\$250.00

Renovations:

Major (more than 1 room).....\$150.00

Minor (2 inspections).....\$100.00

Multi-family Dwelling (per unit).....\$150.00

Services:

Up to and including 400 AMPS .....\$ 75.00

Over 400 AMPS .....\$200.00

Panel replacement (1 inspection)..... \$ 50.00

Major Appliance (new or replacement) .....\$ 50.00

For each of the following appliances;

Range, built-in oven, counter tops, electric dryers, water heaters, disposal, dishwasher, oil burner, gas burner, air conditioner, gas pumps, island light, etc.

Garages .....\$ 75.00

Branch Circuit Extensions, lights or receptacles or other devices.....\$ 50.00

Solar installations (residential).....\$100.00

Under No Circumstances shall any inspections be less than \$50.

Commercial Work (Commercial, industrial, mercantile, and multi-family)

A. Based on value of work: \$75 for first \$1000 value. \$5 per thousand thereafter up to \$50,000, \$12per thousand thereafter. (Minimum fee: \$150.)

B. Solar installation (commercial).....same as A

C. Signs and Marquees .....\$ 50.00

D. Carnivals, Concessions, Circuses, and Fairs

1-20 activities .....\$200.00

Over 20 activities .....\$400.00

Repair and Maintenance

For industrial concerns and schools employing a licensed electrician for maintenance work only on their premises, the annual permit fee shall be set between \$500 and \$700 at the discretion of the Wiring Inspector.

Miscellaneous Work

A. Swimming Pools:

Storable pools .....\$ 50.00  
Permanent pools .....\$100.00

B. Smoke/CO detectors—per structure .....\$ 50.00

C. All Fire Alarm Systems and All Security Systems:

Two inspections (rough and final) required @ \$40ea.....\$ 80.00

Fees for re-inspection

The fee for a re-inspection of defective work, or if the site is inaccessible for scheduled inspection, shall be \$50.

**ALL PERMIT FEES ARE NON-REFUNDABLE**

**ALL APPLICATIONS FOR PERMITS TO DO WIRING SHALL BE ACCOMPANIED BY A CHECK MADE PAYABLE TO THE TOWN IN WHICH THE WORK IS BEING PERFORMED.**



All new res=l dwelling units: \$250 (covers all fixtures & includes all inspections)

All residential remodel work: \$75 per permit (includes on fixture/appliance) plus  
\$15 per additional fixture/appliance

All commercial work: \$175 per permit (includes one fixture/appliance) plus  
(res=l or com=l) \$15 per additional fixture/appliance

All other work: \$65 per inspection  
(res=l or com=l)

Solar Systems: \$80 per permit (includes domestic hot water storage, back flow prevention  
Prevention and domestic water supply)

COMPLETE APPLICATION AND FEE REQUIRED - FEES ARE NON-REFUNDABLE

CONTRACTORS MUST SUBMIT PROOF OF NEW INSURANCES AND LICENSES

PERMIT FEES DOUBLED FOR WORK BEGUN PRIOR TO FILED APPLICATION

All sections of the Massachusetts Plumbing & Fuel and Gas Code,  
CMR 248 & NFPA 54-2000, will be strictly adhered to.

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OFFICIAL USE ONLY

FINAL INSPECTION

PROGRESS INSPECTIONS

SKETCH

DEVELOPMENT AND ENFORCEMENT CENTER  
TOWN OF GREENFIELD, MASSACHUSETTS

**G**

TYPE OR  
PRINT  
CLEARLY

JOB SITE ADDRESS \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

OCCUPANCY TYPE    COMMERCIAL     EDUCATIONAL     RESIDENTIAL

NEW:     RENOVATION:     REPLACEMENT:     PLANS SUBMITTED: YES  NO

APPLIANCES ↓	FLOORS →	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER																
BOOSTER																
CONVERSION BURNER																
COOK STOVE																
DIRECT VENT HEATER																
DRYER																
FIREPLACE																
FRYOLATOR																
FURNACE																
GENERATOR																
GRILLE																
INFRARED HEATER																
LABORATORY COCKS																
MAKEUP AIR UNIT																
OVEN																
POOL HEATER																
ROOM / SPACE HEATER																
ROOF TOP UNIT																
TEST																
UNIT HEATER																
UNVENTED ROOM HEATER																
WATER HEATER																
OTHER																

**INSURANCE COVERAGE**

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142    YES  NO

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY     OTHER TYPE INDEMNITY     BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER  AGENT

SIGNATURE OF OWNER OR AGENT \_\_\_\_\_

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER-GASFITTER NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_ SIGNATURE \_\_\_\_\_

MP  MGF  JP  JGF  LPGI  CORPORATION  # \_\_\_\_\_ PARTNERSHIP  # \_\_\_\_\_ LLC  # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TEL \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

FEE SCHEDULE FOR GASFITTING PERMITS  
(Effective 4/1/2010)

Make checks to Town of Greenfield

For application/fee questions,  
call (413) 772-1404 x. 116

For inspections questions,  
call (413) 772-2026 x. 125

All residential work:	\$60 per permit (includes on fixture/appliance) plus \$15 per additional fixture/appliance
All commercial work: (new or remodel)	\$150 per permit (includes one fixture/appliance) plus \$15 per additional fixture/appliance
All other work: \$65 per inspection (res=l or com=l)	
Gas Tank Installation:	\$10 per tank
Water Heaters - Gas (new or replacement) (res=l or com=l)	\$80 per heater (includes plumbing & gas permits)

All re-inspection fees will be \$50.

COMPLETE APPLICATION AND FEE REQUIRED - FEES ARE NON-REFUNDABLE

CONTRACTORS MUST SUBMIT PROOF OF NEW INSURANCES AND LICENSES

PERMIT FEES DOUBLED FOR WORK BEGUN PRIOR TO FILED APPLICATION

All sections of the Massachusetts Plumbing & Fuel and Gas Code,  
CMR 248 & NFPA 54-2000, will be strictly adhered to.

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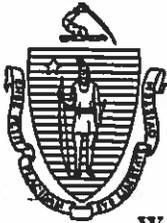
OFFICIAL USE ONLY

FINAL INSPECTION

PROGRESS INSPECTIONS

SKETCH

DEVELOPMENT AND ENFORCEMENT CENTER  
TOWN OF GREENFIELD, MASSACHUSETTS



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 #: \_\_\_\_\_



William F. Martin  
Mayor

City known as the Town of  
**GREENFIELD, MASSACHUSETTS**

**DEPARTMENT OF INSPECTIONS  
AND ENFORCEMENT**

**MARK A. SNOW**  
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Phone 413-772-1404 • Fax 413-772-1566  
MarkS1@greenfield-ma.gov • www.greenfield-ma.gov

**SOLID WASTE DISPOSAL AFFIDAVIT**

As a result of the provisions of MGL c40, 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Permit Applicant (Please Print)

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Signature of Permit Applicant

(Print or Type the Following)

\_\_\_\_\_ Company to Pick-up or Facility where Disposed

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone Number



OFFICE OF THE INSPECTOR OF BUILDINGS

**Town Of GREENFIELD, MASSACHUSETTS**

Town Hall, Greenfield, Mass. 01301

(413) 772- 1404

Fax: (413) 772-2238

**APPLICATION TO DEMOLISH ANY BUILDING**

**THIS FORM MUST BE FILED 7 DAYS PRIOR  
TO BEGINNING WORK**

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

Zoning District \_\_\_\_\_

1.4 Property Dimensions:

Lot Area (sf) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

2.1 Owner of Record

Name: (Print) \_\_\_\_\_ Address : \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

2.2 Authorized Agent

Name: (Print) \_\_\_\_\_ Address : \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3 - CONSTRUCTION SERVICES**

3.1 Licensed (Demolition) Contractor:

Licensed (Demolition) Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Not Applicable ±

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**DEMOLITION**

**PERMIT  
NUMBER**

Section  
4

## Workers' Compensation Insurance Affidavit

Applicant Information: **Please PRINT Legibly**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_

I am a homeowner performing all work myself

I am a sole proprietor and have no one working in any capacity

I am an employer providing workers' compensation for my employees working on this job.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone#: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone#: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy#: \_\_\_\_\_

Attach additional sheet if necessary.

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the penalties of perjury that the information provided above is true and correct.*

Signature

e \_\_\_\_\_

Date \_\_\_\_\_

Print

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**official use only**

**do not write in this area to be completed by city or town official**

city or town: \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_

permit/license# \_\_\_\_\_

phone#: \_\_\_\_\_

1 Building Department \_\_\_\_\_

1 Licensing Board \_\_\_\_\_

1 Selectmen's Office \_\_\_\_\_

1 Health Department \_\_\_\_\_

1 Other \_\_\_\_\_

<b>Section 5</b>
Brief Description of Proposed Work

<b>SECTION 6 BUILDING HEIGHT AND AREA</b>
<b>BUILDING AREA</b>
Number of Floors or stories (include basement and attic levels) :
Building Width: _____ Building Height: _____ Building Length: _____

<b>SECTION 7 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT</b>
I, _____, as Owner of the subject property hereby authorize _____ to act on
Signature of Owner _____ Date _____

<b>SECTION 8 - OWNER/AUTHORIZED AGENT DECLARATION</b>
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 penalties of perjury.
(Print Name)
(Signature of Owner/Agent) _____ (Date) _____

<b>SECTION 9 - PERMIT FEE</b>
Permit Fee:
Check Number:
Check Date:
Cash (Attach copy of receipt.):

**SECTION 10 - NOTIFICATION**

The sixth edition of the Massachusetts State Building Code, 780 CMR, states in part: *"A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner."*

<input type="checkbox"/> if Notified	Utility to Notify:	Signature	Date
<input type="checkbox"/>	Gas	_____	_____
<input type="checkbox"/>	Telephone	_____	_____
<input type="checkbox"/>	Electric	_____	_____
<input type="checkbox"/>	Public Utilities (Municipal)	_____	_____
<input type="checkbox"/>	Health Department	_____	_____
<input type="checkbox"/>	Fire Department	_____	_____
<input type="checkbox"/>	Department of Labor & Industries (Asbestos/Lead)	_____	_____
<input type="checkbox"/>	Other	_____	_____

As a result of the provisions of MGL c40, S54, I acknowledge that as a condition of being granted a Building Permit, all debris resulting from the construction activity governed by said permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111, S150A.

Demo/Debris Hauler Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

I certify that I will notify the Building Official by (date) \_\_\_\_\_ (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.

Location of licensed demolition/debris landfill: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Failure to obtain proper permits and inspections including final inspection may result in continued property tax assessments after demolition.**