



OFFICE OF THE INSPECTOR OF BUILDINGS

City 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 _____

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

3.1 Licensed Construction Supervisor:
Licensed Construction Supervisor: _____ Not Applicable
Address: _____ License Number _____
Signature: _____ Telephone _____ Expiration Date _____
3.2 Registered Home Improvement Contractor:
Company Name: _____ Not Applicable
Address: _____ Registration Number _____
Signature: _____ Telephone _____ Expiration Date _____

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)	Not Applicable
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

5.2 Registered Professional Engineer(s):

Name (Registrant)	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Name (Registrant)	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

5.3 General Contractor

Company Name _____	License No. and Type if Applicable
Responsible in Charge of Construction _____	
Address _____	
Signature _____ Telephone _____	

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 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 _____	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 _____	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	<input type="checkbox"/> Other, Specify _____	MECHANICAL CENTRAL AIR CONDITIONING Yes No PASSENGER ELEVATOR Yes No	DIMENSIONS <input type="checkbox"/> # of Stories <input type="checkbox"/> Sq Ft Floor Area <input type="checkbox"/> Habitable Space <input type="checkbox"/> Total Land Area	
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 #: _____



City of
GREENFIELD, MASSACHUSETTS

Department of Inspections and Enforcement

Roxann D. Wedegartner
Mayor

Mark A. Snow
Inspector of Buildings

City Hall • 14 Court Square • Greenfield, MA 01301
Phone: 413-772-1404 x 2105 • Mark.Snow@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 \times 10 = \\$5.00 = \\$40.00$ minimum fee)
➤ Living Space - Square Feet	
➤ Garage	.35
➤ Porch and Deck	.35
➤ Accessory (shed, carport)	\$30.00 plus \$10 per \$1,000 of cost
➤ Renovation	\$40.00 plus \$10 per \$1,000 of cost
➤ Roofing	\$40.00 plus \$10 per \$1,000 of cost
➤ Siding & Windows	\$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 -	\$45.00 plus \$10 per \$1,000 of cost
➤ Roofing -	\$45.00 plus \$10.00 per \$1,000 of cost
➤ 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
AWNING and CANOPIES;	\$75.00
STOVES and CHIMNEYS;	\$50.00
TEMPORARY TENTS;	
➤ One tent -	\$50.00
➤ < 5 same location	\$20.00 ea
➤ More than 6 tents same location	\$15.00 ea

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee.*

Registered Professional Contact Information

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Name (Registrant)	Telephone No.	e-mail address	Registration Number			
Street Address	City/Town	State	Zip	Discipline	Expiration Date	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Name (Registrant)	Telephone No.	e-mail address	Registration Number			
Street Address	City/Town	State	Zip	Discipline	Expiration Date	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Name (Registrant)	Telephone No.	e-mail address	Registration Number			
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ma.gov

Roxann D. Wedegartner
Mayor

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