

The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 7th edition

Town of Hampden Revised January 1, 2008

Building Permit Application To Construct, Repair, Renovate Or Demolish a One- or Two-Family Dwelling

		This Sect	tion For Offici	al Use	Only			
Building Permit Number:			Date A	pplied				
Signature: Building C	Commissioner/ Inspe	ector of Buildin	ngs	Date				
		SECTION	1: SITE INF	ORM	ATION			
1.1 Property Address:			1.2 Assessors Map & Parcel Numbers					
1.1a Is this an accepted street? yesno			Map Number Parcel Number					
1.3 Zoning Information:			1.4 Property Dimensions:					
Zoning District		Lot Area (sq ft) Frontage (ft)						
1.5 Building Setbac	cks (ft)							
Front Yard			Side Yards			Rear Yard		
Required Provided		Requi	red	Provide	ed R	equired	Provided	
1.6 Water Supply: (M.G.L c. 40, §54) Public □ Private □		1.7 Flood Zone:	ood Zone Information: Outside Flood Zone? Check if yes□		e2	1.8 Sewage Disposal System: Municipal □ On site disposal system □		
	s	ECTION 2:	PROPERTY	OWN	VERSHIP ¹			
2.1 Owner of Reco	ord:							
Name (Print) Address for Service:								
Signature			Telepho	ne				
SI	ECTION 3: DESC	CRIPTION	OF PROPOS	ED W	ORK ² (check	all that apply)		
New Construction ☐ Existing Building ☐		ng 🗆 Owi	ner-Occupied		Repairs(s) □	Alteration(s)	Addition □	
Demolition Accessory Bldg		z. □ Number of Units Other □ Specify:						
Brief Description of	Proposed Work ² :							
			MATED CON	STRU	CTION COS	STS		
(Labor and Materials)				Use Only				
1. Building	\$		_			_ Indicate how fee	is determined:	
2. Electrical \$				☐ Standard City/Town Application Fee ☐ Total Project Cost³ (Item 6) x multiplier xx				
3. Plumbing \$			2. Other Fees: \$					
4. Mechanical (HVA	AC) \$		List:					
5. Mechanical (Fire Suppression)	Suppression) 5 Total All Fees: \$							
6. Total Project C	ost: \$		Check No ☐ Paid in Fu			t:Cash A		

SECTION 5: CONS	FRUCTIO	ON SERVICES	S	
5.1 Licensed Construction Supervisor (CSL)				
	License Number Expiration Date		Expiration Date	
Name of CSL- Holder			-	
Number CSE-Trouds		Type (see below	<u> </u>	
Address	Type		Description	
	U R	Unrestricted (t	up to 35,000 Cu. Ft.) 2 Family Dwelling	
Signature	M	Masonry Only		
	RC	Residential Ro	oofing Covering	
Telephone	WS		indow and Siding	
	SF	Residential So Residential De	lid Fuel Burning Appliance Installation	
5.2 Registered Home Improvement Contractor (HIC)	<u> </u>	Residential De	emontion	
3.2 Registered Home Improvement Contractor (HIC)				
HIC Company Name or HIC Registrant Name		Reg	istration Number	
Address			Expiration Date	
Signature Telephone				
SECTION 6: WORKERS' COMPENSATION II	NSURAN	CE AFFIDAVI	IT (M.G.L. c. 152. § 25C(6))	
Workers Compensation Insurance affidavit must be complethis affidavit will result in the denial of the Issuance of the			his application. Failure to provide	
Signed Affidavit Attached? Yes	o			
SECTION 7a: OWNER AUTHORIZATION TO BE C	OMPLET	TED WHEN		
OWNER'S AGENT OR CONTRACTOR APPLIES FO			T	
		_		
I,		, as Owner		
authorize			_ to act on my behalf, in all matters	
relative to work authorized by this building permit applica	tion.			
Signature of Owner	_ _	Date		
SECTION 7b: OWNER ¹ OR AUT	HORIZEI		CLARATION	
I,		_, as Owner or A	Authorized Agent hereby declare	
that the statements and information on the foregoing application	cation are	true and accurat	te, to the best of my knowledge and	
behalf.				
Print Name				
Signature of Owner or Authorized Agent		Date		
(Signed under the pains and penalties of perjury)		Bate		
NC NC	TES:			
1. An Owner who obtains a building permit to do his/her				
(not registered in the Home Improvement Contractor)				
program or guaranty fund under M.G.L. c. 142A. Other				
Construction Supervisor Licensing (CSL) can be foun			is 110.R6 and 110.R3, respectively.	
2. When substantial work is planned, provide the inform			d hasamant/attion dealer on nameh)	
Total floors area (Sq. Ft.) Gross living area (Sq. Ft.)			d basement/attics, decks or porch) count	
Number of fireplaces	ı N	Number of bedra	poms	
Number of bathrooms	ì	Number of half/	baths	
Type of heating system			s/ porches	
Type of cooling system		nclosed		
3. "Total Project Square Footage" may be substituted for	"Total Pr	oject Cost"		



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

Opplicant Information Please Print Legibly

Address:		
City/State/Zip:	Phone #:	
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.] † Any applicant that checks box #1 must also fill out the se	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. 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.]	
Homeowners who submit this affidavit indicating they as Contractors that check this box must attached an addition imployees. If the sub-contractors have employees, they make an employer that is providing workers' conformation.	al sheet showing the name of the sub-contractors ust provide their workers' comp. policy number	and state whether or not those entities have
olicy # or Self-ins. Lic. #:	Expi	ration Date:
ob Site Address:	City/S	State/Zip:
Attach a copy of the workers' compensation		-
Failure to secure coverage as required under Some up to \$1,500.00 and/or one-year imprisons of up to \$250.00 a day against the violator. Be investigations of the DIA for insurance coverage.	ment, as well as civil penalties in the fo advised that a copy of this statement n ge verification.	rm of a STOP WORK ORDER and a fine may be forwarded to the Office of
do hereby certify under the pains and penalt		
Signature:	Date:	
Phone #:		
Official use only. Do not write in this area	, to be completed by city or town offici	ial.
City or Town:	Permit/License #	
Issuing Authority (circle one): 1. Board of Health 2. Building Departme 6. Other		Inspector 5. Plumbing Inspector
Contact Person:		

PROCEDURE FOR OBTAINING A BUILDING PERMIT

The following is an outline of the steps that must be taken in order to secure a building permit, including the necessary supplementary permits or approvals, as may be required. The Board of Selectmen hopes that this procedure will eliminate confusion that might otherwise arise. Specific questions or a more in-depth review of a particular department's requirements may be discussed with each inspector. To view our Zoning, Wetlands and General Bylaws, please visit our website at www.hampden.org. Please sign the bottom of this page to indicate that you have read this procedure.

1. Application to Building Department Complete the building permit application and submit to the Building engineer or Registered Land Surveyor, along with the application fee contact:	Inspector with 2 sets of site plans prepared by a professional e, in accordance with Zoning Bylaw 8.1.3. If you have questions,			
Lance Trevallion: 566-2204	Lance Trevallion, Building Inspector			
2. Planning Board The application and plot plan will be submitted to the Planning Board building meeting all zoning requirements. Call the Planning Board a	d. Petitioner will verify that this is a registered lot, with the proposed			
	Planning Board Chair			
3. Ridgeline & Hillside An application must be submitted for any area with a steep slope, uni	-			
	Ridgeline and Hillside Chair			
4. Highway Department / Driveways If the driveway requires the crossing of an open ditch, contact the Hig culvert. When any new driveway is installed entering off of a paved r of the pavement back to the front property line (usually 10-12 feet) at paved driveway entrance cannot be immediately installed then a track debris is tracked onto the roadway, the property owner is responsible questions.	oadway, the builder will be required to pave an apron from the edge the driveway entrance in accordance with zoning bylaws. If a ting pad, construction of crushed stone, must be installed. If mud or			
5. Conservation Commission	Dana Pixley, Highway Supt.			
Verify with this Board if your property or part of your property is in o	or near the Wetlands Area. If you have questions, call 595-0004.			
	Conservation Commission Chair			
6. <u>Excavation</u> The property owner or builder is responsible for installing hay bales a rain as a safety precaution, before any work is performed. The owner properties, drainage system, and streams.				
	Conservation Commission			
7. <u>Percolation Test</u> Year-round testing. The Owner/Engineer completes an application an for a percolation test with the Board of Health Agent. Massachusetts 7 for more information.				
;	Lorri McCool, B.O.H. Agent			
8. Well Permit Licensed well installer submits completed application and fee to the B include a copy of a scale plan (1"-40") of the property to be served by drains, fountain drains, sewage disposal systems, potential water source brooks) within a 150-foot radius of the proposed well site, including o	the well. Show all existing and proposed structures, surface water ces of pollution and all surface water bodies (ponds, streams,			
j	Lorri McCool, B.O.H. Agent			

9. Well Installation After the well is installed, the installer must file a Well Water Completion report with the Board of Health. The property owner must then have the water tested, with results sent to the Board of Health.
Lorri McCool. B.O.H. Agent
10. <u>Disposal Works Construction Permit Application / Water Test on file with B.O.H.</u> Date: Engineer submits Disposal Works Construction Permit, signed and stamped by the engineer, signed and dated by the owner, and applicable fee paid to the Board of Health for review and approval. An approved septic permit shall expire three (3) years from the date of issue according to Title V regulations. New Construction: minimum of 1500 gallons for septic tank. For homes with garbage disposal size of septic tank should be a minimum of 1500 gallons and should have 2 compartments.
Lorri McCool, B.O.H. Agent
11. <u>Septic Installation</u> Septic Installer must be licensed by the Town of Hampden and must notify the Board of Health before installation begins. All work must comply with Title V regulations. The installer is to contact the Board of Health agent to schedule final inspection. The Board of Health agent and Design Engineer must inspect installation before system is covered.
Lorri McCool, B.O.H. Agent
12. <u>Septic Compliance</u> The engineer and installer must sign Certificate of Compliance and submit an "As Built" drawing of the system installed, with the distances from permanent structures (such as the house) to the system components, after the final inspection and submit it to the Board of Health. The Board of Health will not issue a Certificate of Compliance until it is in receipt of the engineer / installer signed certificate.
Lorri McCool, B.O.H. Agent
13. <u>Building Department</u> Building plans must be submitted to the Building Inspector for review. A building permit will not be issued until all prior steps have been successfully gone through. The permit is valid for three (3) years from date of issue. Construction work must begin within six (6) months of receiving building permit, and work must be finished within three (3) years. If you have questions contact: Mark Feeney: 566-2204
Lance Trevallion, Building Inspector
14. Electrical, Plumbing, Gas, Oil Burner, Smoke Detector, and Wood Stove Permits Requests for the above permits are to be submitted to the Building Department, with the necessary fee. The applicant contacts the appropriate inspector with the inspection request. An Occupancy permit will be issued only after the Building Inspector checks with other inspectors to make sure all the above procedures have been completed, as well as insuring that the house number is permanently found on the property and easily readable from the street. Electrical Inspector – Gary Courtney: 566-2204 /Plumbing Inspector – Michael Ford: 330-0190 /Fire Permit – Peter Hatch: 566-3314
Lance Trevallion, Building Inspector
15. Additions/ Renovations to Existing Homes For additional bedroom construction or home renovation, which will result in a change of footprint, the homeowner must submit plans to the Board of Health for review. If the homeowner does not have existing septic plans, a Title 5 inspection will be required.
Lorri McCool. B.O.H. Agent
2 BR homes: If a home is designed for only 2 bedrooms, the homeowner cannot add additional rooms by enlarging the septic system. Homeowner must check with the Registry of Deeds in Springfield for any deed restriction.
Applicant's Signature Date

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An employer is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia