

**Town of Templeton**  
**Development Services**  
P.O. Box 620  
E. Templeton MA 01438  
978-894-2770  
rparenteau@templetonMA.gov

## **Commercial Building Permit Checklist**

1. **Completed** Sign Off Sheet
2. **Completed** Commonwealth of Massachusetts Building Permit Application
3. **Completed** Conservation Commission Application for Site Inspection (2 Pages)
4. **Completed** Workers' Compensation Insurance Affidavit
5. Copies of Signed Contract, Contractor License (CSL and HIC), Photo ID and Certificate of Liability Insurance **from Construction Supervisor**
6. **Completed** Demolition/Renovation Debris Removal Form
7. **New Construction:**
  - a. Certified Plot Plan showing appropriate setbacks
  - b. **Two sets** of complete full-size plans to include a cross sectional plan from the footing to the roof peak and a floor plan with enough detail to determine code compliance, with Smoke and Carbon Monoxide detectors marked
  - c. Copy of Registered Deed.
  - d. **Completed and Signed** Driveway Permit from Department of Public Works (2 Pages)
8. Check made payable to Town of Templeton for permit fee.

## **Sign Off Sheet**

<b><u>Date</u></b>	<b><u>Department</u></b>	<b><u>Signature</u></b>	<b><u>Notes</u></b>
	<b>Assessor's Office</b>		
	<b>Tax Collector</b>		
	<b>Conservation</b>		
	<b>Board of Health</b>		
	<b>Sewer Department</b>		
	<b>DPW</b>		
	<b>Planning Board</b>		
	<b>Zoning Board</b>		

For Office Use Only:

<b>Permit #</b>	<b>Parcel</b>	<b>Owner</b>	<b>Address</b>

**All incomplete applications will be unprocessed and returned to the applicant.**



**The Commonwealth of Massachusetts**  
**Office of Public Safety and Inspections**  
Massachusetts State Building Code (780 CMR)

**Building Permit Application**

to Construct, Repair, Renovate or Demolish a Building  
Other than a One- or Two-Family Dwelling

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**Requirements for Building Permits**

Permit requirements are specified in Chapter 1 of the MA State Building Code. Applicants should review the requirements to avoid common problems. The standard form below incorporates the code requirements and is provided for use by municipalities to achieve permit consistency across the State. Municipalities may use a variant of this form but it must contain at least the same information. Please contact the municipality where the work will be done for the proper form or follow the instructions below if this standard form is acceptable.

**Filing Instructions**

- Complete the application. The application is available in Word or PDF format so check to see what is acceptable to the local building official.
- Include construction documents, specifications, and other materials required.
- Check if the local municipality requires confirmation that property taxes, water fees, etc. are not outstanding.
- Also, check if the local building official requires construction control forms (see section 107 in the building code) with this application.
- Submit the application package with a check made payable to the municipality for the fee as determined by the municipality.





# The Commonwealth of Massachusetts

Office of Public Safety and Inspections  
Massachusetts State Building Code (780 CMR)

## Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

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

### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐

F: Factory F-1 ☐ F-2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐

I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐

S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below: \_\_\_\_\_

Special Use Description: \_\_\_\_\_

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_



**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

If applicable, the property owner hereby authorizes:

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)**

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐ .  
Otherwise provide construction control forms (see section 107 in the code) as required.

**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

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

**10.2 General Contractor**

Company Name

Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes ☐ No ☐

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$	Total Construction Cost (from Item 6) = \$
2. Electrical	\$	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$
3. Plumbing	\$	Note: Minimum fee = \$ _____ (contact municipality)
4. Mechanical (HVAC)	\$	Enclose check payable to _____
5. Mechanical (Other)	\$	(contact municipality) and write check number here _____
6. Total Cost	\$	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Municipal Inspector to fill out this section upon application approval:

Name

Date



## Appendix 1

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. 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.

### Registered Professional Contact Information

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

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

**Appendix 2**  
**(For total demolition only)**

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

**Property Location**

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Other (if applicable)		





**Town of Templeton  
Conservation Commission**

P.O. Box 620  
E. Templeton MA 01438  
978-894-2767  
Email: [jcase@templetonma.gov](mailto:jcase@templetonma.gov)

APPLICATION FOR A SITE INSPECTION

***The site inspection will be completed within seven (7) business days of the receipt of the request by the Conservation Commission or their agent.***

Property owner: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Proposed construction (i.e. house, addition, pool, etc...):

\_\_\_\_\_  
\_\_\_\_\_

Project location (i.e., where on the property):

\_\_\_\_\_

Using the space below (or an attached sheet), please sketch the location of the proposed construction (include street number, lot number, or utility pole number; location of work to be done):

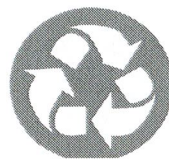
**Site inspection requirements – all wetlands must be flagged and numbered so as to be seen from the roadway; building plan to be submitted with request; corners of all buildings to be constructed must be staked and labeled; septic system to be staked and labeled; any land to be cleared must be shown; limits of proposed corrals, barns or grazing areas must be flagged.**

OWNER AFFIRMATION

I give permission to the Conservation Commission and/or the Agent to enter onto the property during reasonable hours for site inspection and evaluation.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**FOR CONSERVATION USE ONLY**

Resources within 100' of project:

☐ Bank      ☐ Pond      ☐ Beach      ☐ Marsh      ☐ Swamp      ☐ Stream  
☐ Wet meadow      ☐ Intermittent stream      ☐ Area in 100-year flood zone  
☐ Street drainage/culvert      ☐ Within 100' buffer zone

**FINDINGS:**

“A” – Owner/Applicant must file with the Conservation Commission under the MA Wetlands Protection Act (MGL c. 313, s. 40)

“B” – Sign off by Conservation Commission applies to this project; includes requirements by the commission and suggestions for mitigation in notes.

AGENT/MEMBERS	DATE	“A”	“B”	REMARKS

Noted requirements:

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Noted suggestions:

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☐ If a quorum of Conservation Commission members (or the Agent) have checked “A”, the applicant will be notified to pick up forms and instructions for filing under the MA Wetlands Protection Act.

☐ If a quorum of Conservation Commission members (or the Agent) have checked “B”, the building permit application is approved by the Conservation Commission as per policy.

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

## Demolition/Renovation Debris Form

THIS FORM MUST BE COMPLETED TO OBTAIN A PERMIT FOR THE DEMOLITION, RENOVATION, REHAB, OR OTHER ALTERATION OF ANY BUILDING OR STRUCTURE.

If the applicant is responsible to remove/dispose of the debris the disposal site must be identified before the permit is approved. The hauler/contractor must be identified before the permit is approved. The hauler/contractor must sign the form and identify the disposal site and the applicant must file the completed form with the permitting authority. If the disposal site is changed, the permit authority must be notified. The authority may require proof of lawful disposal by submission of disposal receipt or certification by the disposal site operator. *It is a crime to dispose or contract for the disposal of solid waste in an unapproved site. The maximum penalty for illegal disposal is \$25,000 per violation, and two years in a house of correction.*

Demo/Building Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Work Site Address

Applicant Name and Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated amount of debris ( in cubic yards)

a. Disposed \_\_\_\_\_

b. Recycled \_\_\_\_\_

Hauler/Contractor responsible for the removal of debris: Name and address (if responsible party is a waste hauler, obtain from the hauler the DPU certificate number)

\_\_\_\_\_  
\_\_\_\_\_ Certificate No. \_\_\_\_\_

Disposal and/or recycling locations(s): Name, address telephone number, and operator signature (note: if more than one facility is used, please fill out the information on additional facilities on the back of the form.)

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

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

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

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

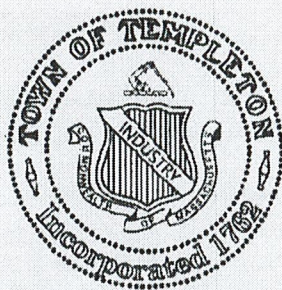
I certify under the pains of perjury that the information above is true and correct to the best of my knowledge and belief:

Applicant: \_\_\_\_\_

Contractor-Hauler: \_\_\_\_\_



# Driveway Permit



## Town of Templeton

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Permit # \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Telephone # \_\_\_\_\_

Address of applicant \_\_\_\_\_

Map # \_\_\_\_\_

Location of Property \_\_\_\_\_

Lot # \_\_\_\_\_

I, \_\_\_\_\_, here by agree to the conditions set forth by the DPW Director/Highway Superintendent of Templeton and agree to complete all of the necessary work to comply with these conditions prior to my receipt of driveway entrance permit from the town of Templeton. I understand that no occupancy permit will be issued until a driveway has been completed.

Conditions:

- ☐ Call Dig Safe (1-888-344-7233) or 811
- ☐ Dig Safe Ticket # \_\_\_\_\_
- ☐ Comber and swale to conform and follow water runoff to ditch.
- ☐ Minimum of 30' by 12" corrugated steel culvert pipe or ADS N12 corrugated plastic. Head walls on each end of pipe. **Note : Replacement of failed culvert is the responsibility of the permit holder.**
- ☐ Compacted 6" or 12" crushed gravel over pipe
- ☐ Paved apron 3' of 3" of asphalt. Paved from roadway to property line of owner with 6" gravel base
- ☐ Crushed gravel apron 6" thick from roadway to property line
- ☐ Landing approach before ditch line
- ☐ Before paving, contact Director 978-939-8666
- ☐ Driveway not to be relocated from plans
- ☐ Driveway crowned
- ☐ Install hay bales ( If needed )
- ☐ Driveway staked out
- ☐ Apron lines painted for inspection prior to paving

Applicant \_\_\_\_\_

DPW Director/Superintendent \_\_\_\_\_

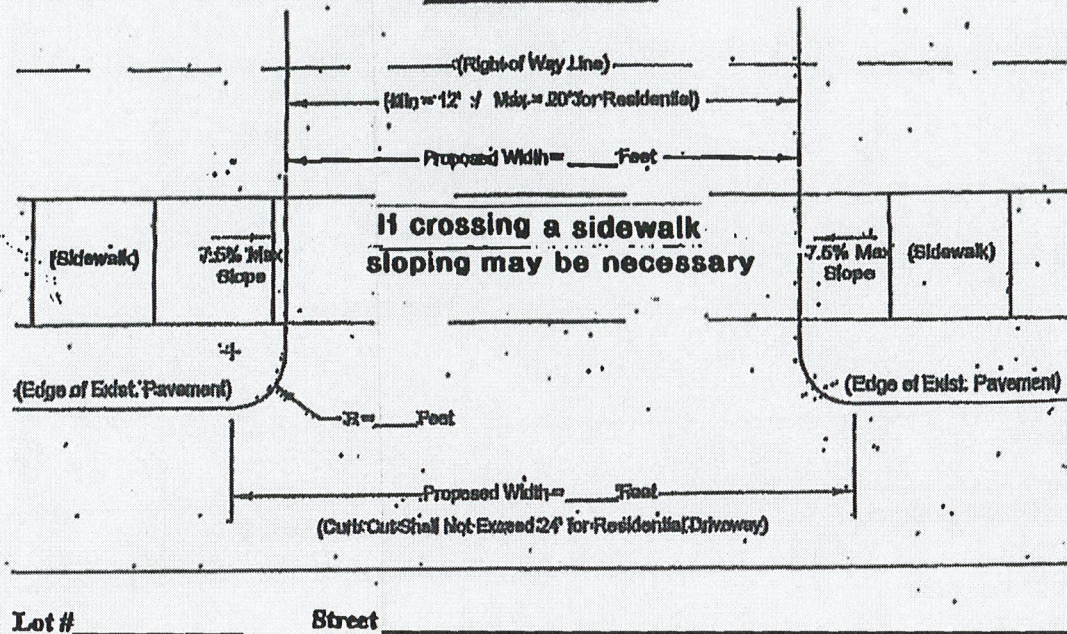
- ☐ Approved
- ☐ Rejected

On Site Inspection Date \_\_\_\_\_



Please fill in dimensions:

### DRIVEWAY DETAIL



#### The following must be done :

1. Indicate the lot and street that runs in front of it.
2. Make a street # sign: mark it with something that will not wash off. Tack it somewhere that it can be easily seen from the street.
3. Mark each boundary along the street side of the lot.
4. Measure the distance from each boundary to the proposed driveway and mark the distance on the drawing.
5. Measure the width of the proposed driveway and mark that on the drawing.
6. Find the nearest telephone/light pole and indicate its location on the drawing. Write the # of the pole on the drawing.
7. Measure the distance between the telephone pole and the proposed driveway and mark on the drawing.

**If there are any question concerning the driveway please call the DPW @ 978-939-8666  
Open Monday through Friday 7A -3P**