



**Town of Templeton
Development Services**

P.O. Box 620
E. Templeton MA 01438
978-894-2770
rparenteau@templetonMA.gov

Residential Building Permit Checklist

1. **Completed** Sign Off Sheet
2. **Completed** Commonwealth of Massachusetts Building Permit Application (2 Pages)
3. **Completed** Conservation Commission Application for Site Inspection (2 Pages)
4. **Completed** Workers' Compensation Insurance Affidavit and Home Improvement Contractor Registration
5.
 - a. Copies of Signed Contract, Contractor License (CSL and HIC), Photo ID and Certificate of Liability Insurance **from Construction Supervisor**
 - b. Completed Construction Supervisor License Exemption Form, and Homeowner Warning Notice for **Homeowners acting as the 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

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

For Office Use Only:

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

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



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

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

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone? ☐
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Bldg. ☐ Number of Units _____ Other ☐ Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
		1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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 BUILDING PERMIT**

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

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



**Town of Templeton
Conservation Commission**

P.O. Box 620
E. Templeton MA 01438
978-894-2767
Email: 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:

Noted suggestions:

☐ 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 attach 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 #: _____

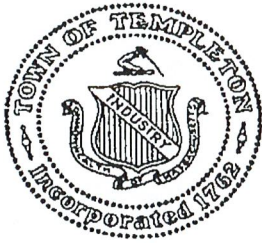
Official use only. Do not write in this area, to be completed by city or town official.

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 #: _____



Town of Templeton

Development Services

P.O. Box 620

E. Templeton MA 01438

978-894-2770 PH, 978-894-2792 FAX

TEMPLETON, MASSACHUSETTS

Home Improvement Contractor Registration

Supplement to Permit Application

MGL 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal or demolition or the construction of an addition to any pre-existing owner-occupied building containing at least one, but not more than four dwelling units, which building or portion thereof is used or designed to be used as a residence or dwelling unit, or to structures which are adjacent to such residence or building" be done by registered contractors with certain exceptions.

TYPE OF WORK _____ EST. COST _____

ADDRESS OF WORK: _____

OWNER NAME: (PRINT) _____

DATE OF PERMIT APPLICATION: _____

I hereby certify that:

Registration is not required for the following reasons:

____ Work excluded by law

____ Job under \$1000.00

____ Building not owner-occupied

____ Owner pulling own permit

____ Other (Specify) _____

Notice is hereby given that:

Owners pulling their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent for the owner:

DATE CONTRACTOR'S SIGNATURE REGISTRATION #

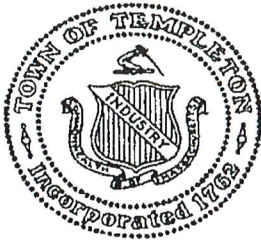
OR:

Notwithstanding the above notice I hereby apply for a permit as the owner of the above property:

DATE OWNER'S SIGNATURE

For Office Use Only:

Permit No. _____ Date _____



Town of Templeton

Development Services

P.O. Box 620

E. Templeton MA 01438

978-894-2770 PH.

Homeowner Warning Notice

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

As a homeowner acting as your own contractor:

- You will **be personally responsible** for all work on this project.
- You are responsible to see that all work meets Massachusetts State Building Code and the Towns by-laws.
- You **must** supervise all work.
- You **must** call the Building Department to **schedule all required building inspections**.
- You **must** be present for all building inspections.
- You have **waived** all rights to the Massachusetts Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue if you or the company they work for does not carry Workers' Compensation Insurance.
- Failure to carry Workers Compensation Insurance may result in criminal penalties i.e. fines and/or imprisonment (Reference MGL C.125 §25)
- NOTE: Three family dwellings 35,000 cubic feet, will be required to comply with State Building Code Section 127.0, Construction Control

This warning has been assembled because we have found that a majority of those citizens who act as their own contractor are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its implications.

Signature _____ Date _____

For Office Use Only:

Permit No. _____ Date _____

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: _____

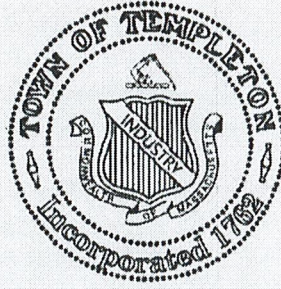
Phone: _____

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 # _____
- ☐ Culvert 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 _____

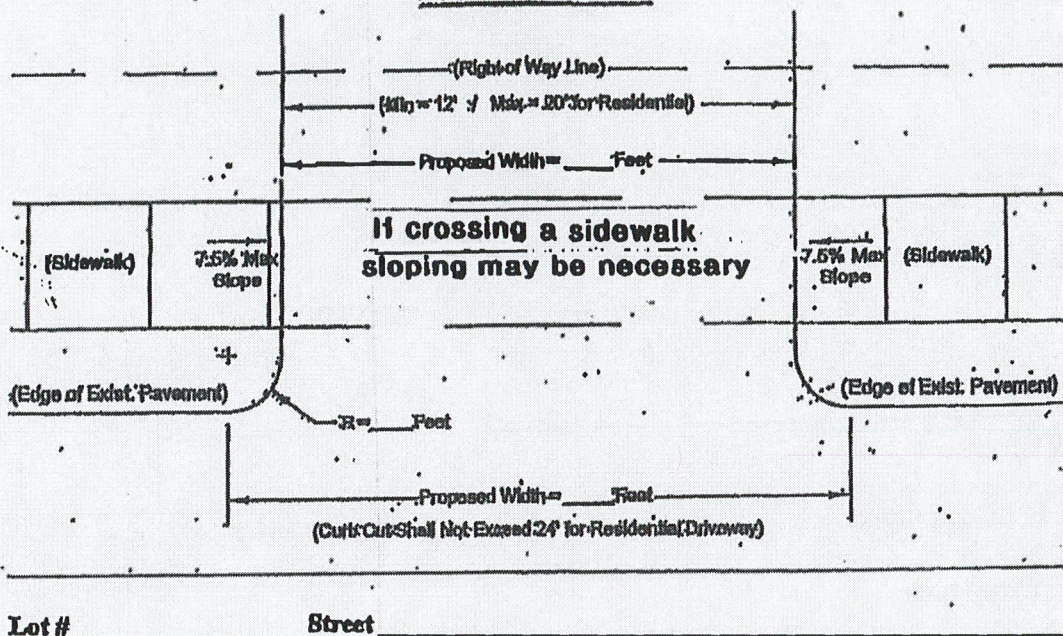
DPW Director/Superintendent _____

- ☐ 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**