Building Permit Checklist

All incomplete applications will be unprocessed and returned to applicant.

1. **Completed** Building Permit Application
2. **Completed** Insurance Form and Homeowner License Exemption (if Application)
3. Certificate of Insurance Liability
4. Copy of Contract signed by Homeowner and Contractor
5. Copy of Contractor License (HIC and CSL, if applicable) and photo ID
6. Minimum 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
7. **Two sets** of complete full size plans with Smoke and Carbon Monoxide detectors marked
8. **Certified Plot Plan** (excluding interior remodel, siding, or roof permits) showing appropriate setbacks.
9. **Copy of Deed** for new build homes
10. Completed and Signed Driveway Permit from Department of Public Works
11. **Completed sign off sheet.**
12. Check made payable to Town of Templeton for permit fee.

### Sign Off Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
<th>Signature</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assessor’s Office</td>
<td></td>
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<tr>
<td></td>
<td>Tax Collector</td>
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<td></td>
<td>Conservation</td>
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<td></td>
<td>Board of Health</td>
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<td></td>
<td>Sewer Department</td>
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<td>DPW</td>
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<td></td>
<td>Planning Board</td>
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</tr>
<tr>
<td></td>
<td>Zoning Board</td>
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<td></td>
</tr>
</tbody>
</table>
Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

SECTION 1: SITE INFORMATION

1.1 Property Address:

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

1.2 Assessor's 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)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
<tr>
<td>Provided</td>
<td>Required</td>
<td>Provided</td>
</tr>
</tbody>
</table>

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 Ownership

2.1 Owner(s) of Record:

Name (Print): ______
City, State, ZIP: ______

No. and Street: ______
Telephone: ______
Email Address: ______

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

New Construction □  Existing Building □  Owner-Occupied □  Repairs(s) □  Alteration(s) □  Addition □
Demolition □  Accessory Bldg. □  Number of Units: ______
Brief Description of Proposed Work: ______

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $ ______ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>□ Standard City/Town Application Fee</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>□ Total Project Cost (Item 6) x multiplier ______ x ______</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees: $ ______</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>List: ______</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>'Total All Fees: $ ______</td>
</tr>
</tbody>
</table>

Check No. ______ Check Amount: ______ Cash Amount: ______
□ Paid in Full  □ Outstanding Balance Due: ______
SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

License Number Expiration Date

List CSL Type (see below)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1 &amp; 2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Telephone Email address

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP Telephone

Expiration Date

HIC Registration Number

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: OWNER’S 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”
APPLICATION FOR A SITE INSPECTION

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

Property owner: ____________________________
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.

<table>
<thead>
<tr>
<th>AGENT/MEMBERS</th>
<th>DATE</th>
<th>“A”</th>
<th>“B”</th>
<th>REMARKS</th>
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<tbody>
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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.
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

________________________________________________________

________________________________________________________

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: ________________________________
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
Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

Are you an employer? Check the appropriate box:
1. □ I am a employer with _______ employees (full and/or part-time).8
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.] 1
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 have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers’ comp. insurance.3
6. □ We are a corporation and its officers have exercised their right of exemption under 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 _______________________

8Any applicant that checks box #1 must also fill out the section below showing their workers’ compensation policy information.
1Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
3Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not these 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: ____________________________ Expiration Date: _________________

Policy # or Self-ins. Lic. #: _____________________________

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):
6. Other ___________________________

Contact Person: ___________________________ Phone #: ___________________________
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 ______________
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____________
Driveway Permit

Town of Templeton

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Date</th>
<th>Permit #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Property Owner</td>
<td>Telephone #</td>
<td>Map #</td>
</tr>
<tr>
<td>Address of applicant</td>
<td></td>
<td>Lot #</td>
</tr>
<tr>
<td>Location of Property</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, __________________________, hereby 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

<table>
<thead>
<tr>
<th>Applicant</th>
<th>DPW Director/Superintendent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

☐ Approved
☐ Rejected

On Site Inspection Date

Page 1, please note reverse side
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