

BUILDING PERMIT APPLICATION PACKAGE

Michael Sauvageau, Building Inspector
David Drugge, Assistant Building Inspector

Building Inspector Office Hours at Town Hall at 663 Main Street
Monday, Wednesday and Saturday morning 8:00 a.m. to 9:00 a.m.
Tuesday evening, 7:00 p.m. to 8:00 p.m.

Building Inspector (978) 779-3312
Conservation Commission (978-779-3304)
Planning Board (978-779-3308)
Board of Health (978-779-3301)

Town Hall Office Hours: Monday, Wednesday and Thursday: 9:00am-2:30pm and
Tuesday 9:00am-4:00pm and 6:00pm-8:00pm

SUBMITTAL REQUIREMENTS

APPLICATIONS FOR A BUILDING PERMIT MUST BE MADE TO THE BUILDING INSPECTOR OR HIS ASSISTANT. LICENSED CONTRACTORS ARE OBLIGATED TO OBTAIN PERMITS FOR ALL CONTRACTED WORK. HOMEOWNERS MAY OBTAIN THEIR OWN PERMITS WHEN DOING THE WORK.

The following documents and information must be presented to the Building Inspector or his assistant as part of the application for a building permit.

Items 1 through 10 below shall be submitted to the Building Inspector during his office hours or to the Permitting Assistant during Town Hall hours. Failure to provide any of the listed items or information will result in the application being deemed incomplete. Allow at least two (2) weeks from the date of completion for issuance of the building permit.

In all cases where work covered by a building permit application involves a variance issued by the Zoning Board of Appeals (ZBA), or a special permit issued by any special permit granting authority (SPGA), or an Order of Conditions issued by the Conservation Commission, or any other document required to be recorded, proof of recording at the Worcester Registry of Deeds shall also be required as part of the application submittal.

1. **APPLICATION FORM:** Each application form shall be filled out completely and signed by both the homeowner and the builder.

2. **FEE:** A check payable to the Town of Bolton covering the cost of the building permit, as determined by the Building Inspector.

3. **WORKER'S COMPENSATION AFFIDAVIT:** This affidavit shall be fully completed and signed if a contractor is conducting the work. The required certificates shall be attached.

4. **BUILDING PLANS AND SPECIFICATIONS:** For new dwelling construction and additions ONLY three (3) copies of the complete detailed building plans and specifications shall be submitted and must contain the owner's name, address, date of submittal, subdivision lot number, assessors map and parcel number, street, and house number. Further, the plans shall show all smoke detectors as required by the

Massachusetts State Building Code. If the plans include the LVL's, paralams or steel beams, all calculations, signed and stamped by a structural engineer, shall be submitted along with the plans. Only one set of plans needed for interior alterations and ancillary buildings.

5. SEPTIC SYSTEM PERMIT: For new dwelling construction and additions this permit shall be current and valid, signed by the Board of Health, and designed for the applicable lot and house. **Exceptions: This information is not required for Roofs, Windows and Vinyl Siding.**

6. WATER TEST RESULTS: For new dwelling construction a copy of the complete chemical analysis, as required by the Board of Health, showing that potable water is available. **Exceptions: This information is not required for Roofs, Windows and Vinyl Siding.**

7. STREET NUMBER & DRIVEWAY PERMIT: For new dwelling construction the street number is assigned by the Building Inspector when the driveway permit is issued. A copy of the driveway permit must be provided. In the case of a Common Driveway each application shall include a copy of the Common Driveway permit as recorded at the Registry of Deeds, and a lot release signed by the Planning Board.

8. ENERGY AUDIT: An Energy Audit is required for all heated spaces according to the Massachusetts State Building Code. The energy audit shall contain the project address and name of person performing the audit. The audit shall be submitted on the attached form and signed by the individual performing the audit.

9. PLOT PLAN: For new construction and additions a plan of the buildable lot, either an Approval Not Required (ANR) plan signed by the Planning Board or the applicable sheet from an approved subdivision plan or backland lot plan shall be provided.

10. REVIEW AND APPROVAL BY OTHER DEPARTMENTS: The following departments or boards must review and sign off on all applications with the exception of **Roofs, Windows, Wood Stoves and Vinyl Siding (except for Tax Collector - who has to sign off on all applications)**. It is the responsibility of the applicant to obtain these reviews and signatures. The applicant must submit copies of the latest supporting documents (permits, orders of conditions, septic system approvals, etc.) with the application. Any application missing any of these signatures will be deemed incomplete and returned to the applicant. If any of these reviews is not applicable, the department or agent should so indicate and sign.

Board of Health: Reviewed under Board of Health Rules and Regulations. An engineering plan showing the location of the well and septic system must be included, as applicable. The proposed construction must be shown on this drawing.

Conservation Commission: Reviewed under the Massachusetts Wetlands Protection Act, the Bolton Wetlands Bylaw, and applicable regulations. Provide plan showing distance of proposed construction to wetlands and location of Conservation Restriction area if applicable. **Attach copies of the Determination of Applicability or Order of Conditions and any conservation restrictions, as applicable.**

Planning Board: Reviewed under Rate of Development bylaw and Subdivision Control and additional Rules and Regulations.

Tax Collector: Reviewed to ensure property taxes are current.

**TOWN OF BOLTON
BUILDING PERMIT APPLICATION FORM**

Date: _____

Estimated Cost: _____

Address of Project (include house #) _____

Unit No. _____ Subdivision Name and/or Lot No. _____

Assessor Map No. _____ Assessor Parcel No. _____

Lot Frontage _____ ft. Lot Area _____ sq. ft., or _____ acres

Type of Lot: Standard _____ Backland _____ FOSPRD _____

Setbacks, ft: Front _____ Rear _____ Right side _____ Left Side _____

Purpose of Construction (check all that apply):

New Dwelling _____ Addition _____ Alteration _____ Garage _____ Shed _____

Porch _____ Deck _____ Barn _____ Siding _____ Roofing _____

In-ground Pool _____ Above ground Pool _____ Accessory Apartment _____

Industrial _____ Commercial _____ Other _____

Explanation:

Type of Driveway:

Private _____ Shared _____ Common Driveway _____

Zoning District:

Residential _____ Business _____ Limited Business _____

Limited Recreation Business _____ Industrial _____

Total square footage of proposed construction:

1st floor _____ 2nd floor _____ 3rd floor _____ Finished Basement _____

Basement _____ Deck _____ Porch _____ Garage _____; No. of Cars _____

No. of Stories _____ No. of Rooms _____ No. of Baths _____ No. of Bedrooms _____

No. of Fireplaces _____ Garage Attached _____ Detached _____ Under _____

Owner's Name _____ Mailing Address _____

City/Town _____ State & ZIP _____ Phone _____

Builder's Name _____ Mailing Address _____

City/Town _____ State & ZIP _____ Phone _____

Signatures of the Reviewing Departments must be obtained by the applicant prior to submitting the application to the building inspector.

Required signatures may be obtained at the Conservation Commission, Board of Health and Planning Board offices located at the Town Hall during open hours unless otherwise required to meet with the Commission or Board.

***** Signatures (except Tax Collector) are not required for Roofs, Windows, Wood Stoves and Vinyl Siding. *****

Conservation Commission: _____ Date: _____
Comments: _____

Board of Health: _____ Date: _____
Comments: _____

Planning Board: _____ Date: _____
Comments: _____

Tax Collector: _____ Date: _____
Comments: _____

Signature of Owner (required) Date

Owner's Name (Print) Date

*** I understand that no work, authorized under the permit approved under this application shall commence until said permit is duly posted as required by the State Building Code. Work commenced without such permit being posted will result in a reinspection fee.**

***Signature of Builder (required)** Date CSL HIP

Builder's Name (Print) Date CSL HIP

FOR USE BY BUILDING INSPECTOR ONLY--DO NOT WRITE IN THIS SPACE
Septic__ Water__ Driveway__ Energy__ Smoke Detectors__ Plot Plan__ FEE: \$_____
Special Permit __ Order of Conditions __ Other permits __

Building Inspector's Signature: _____ Reviewed: _____

ENERGY CONSERVATION APPLICATION FORM FOR ENERGY EFFICIENCY FOR ONE- AND TWO-FAMILY DETACHED RESIDENTIAL CONSTRUCTION (780 CMR 61.00)

Applicant Name: _____ Site Address: _____
print
 Applicant Phone: _____ Town: _____
 Applicant Signature: _____ Date of Application: _____

NEW CONSTRUCTION: (choose ONE of the following two options)

**780 CMR TABLE 6107.1
 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA FOR
 NEW ONE- AND TWO-FAMILY BUILDINGS**

<input type="checkbox"/> <u>Option 1:</u>	MAXIMUM	MINIMUM							
	Fenestration U-factor	Ceiling or exposed floors R-Value	Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab Perimeter R-Value and Depth	AFUE	HSPF	SEE R
	.35	R-38	R-19	R-19	R-10	R-10, 4 ft.	National Appliance Energy Conservation Act (NAECA) of 1987 as amended, minimums or greater as applicable		

Option 2:

Note: This form is not required if you choose either of the two versions of REScheck as listed below.

- REScheck Version 4.1.2 or later variant software analysis must be completed (780 CMR 6107.3.2)
- REScheck-Web which can be accessed at <http://www.energycodes.gov/rescheck/>

ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD*

*Buildings under 5 years old must use option #1 or #2 in New Construction section above.

Complete the following formula to determine the % of glazing:

(a) Gross Wall & Ceiling Area equals _____ SF

(b) Glazing area equals _____ SF

Formula: $(100 \times b \div a)$

$100 \times \frac{\quad}{b} \div \frac{\quad}{a} = \quad \% \text{ of glazing}$

If glazing is $\leq 40\%$ use the chart below. If glazing is $> 40\%$ proceed to "SUNROOM" section

**780 CMR TABLE 6101.3
 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING
 LOW-RISE RESIDENTIAL BUILDINGS**

<input type="checkbox"/>	MAXIMUM	MINIMUM				
	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet

a R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. not compressed over exterior walls, and including any access openings).

SUNROOM – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition.

Note: Owner to fill out *Consumer Information Form* (found in Appendix 120.P)

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGL c. 142A requires that "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one, but not more than, four dwellings units...or to structures which are adjacent to such residence or building" be done by registered contractor, with certain exceptions, along with other requirements.

Type of Work: _____ Estimated Cost: _____

Address of Work: _____

Name of Business: _____

Owner Name: _____

Date of Permit Application: _____

I HEREBY CERTIFY THAT:

Registration is not required for the following reason(s):

- Work Excluded by Law**
- Job under \$1,000**
- Building not owner occupied**
- Owner pulling own permit**
- Other (specify) _____**

Notice is 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 c. 142A.

Signed under penalties of perjury:

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

Signature Date

Or

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

Owner Signature Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone#: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself [No workers' comp. insurance required] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption perm MGL c. 152, § 1(4), and we have no employees. [no workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 Section 25a of MGL 152 can lead to the imposition of criminal penalties of 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 \$250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____ 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 #: _____

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** defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the forgoing 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 section §25(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 section §25(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 in the workers' compensation affidavit completely, by checking the box that applies 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 Towns 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 homeowner 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

phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE
fax#: (617) 727-7749
www.mass.gov/dia

Building Permit Fee Schedule Effective January 1, 2012

New Dwellings..... \$10.00 per \$1,000 construction cost*

*Construction cost is calculated as follows: \$80/sq. ft. X the square footage of the project.

Garages \$7.00 per \$1,000 construction cost (minimum \$50)

Additions..... \$7.00 per \$1,000 construction cost (minimum \$50)

Alterations..... \$7.00 per \$1,000 construction cost (minimum \$50)

Porches/Sunrooms..... \$7.00 per \$1,000 construction cost (minimum \$50)

Decks..... \$7.00 per \$1,000 construction cost (minimum \$50)

Barns \$7.00 per \$1,000 construction cost (minimum \$50)

Foundations..... \$100.00

Sheds..... \$50.00

Pools, In-ground..... \$100.00

Pools, Above Ground..... \$75.00

Solar Systems..... \$50.00

Re-Roof..... \$75.00

Siding..... \$50.00

Fences \$50.00

Signs..... \$50.00

Carnival..... \$75.00

Tents..... \$30.00 per tent

Temporary Buildings \$50.00

Demolition \$75.00

Temporary Occupancy (30 days)..... \$50.00

Certificate of Occupancy \$50.00

Re-Inspection \$50.00

Permit Replacement..... \$50.00

Work without a Permit..... Double the Required Fee

Miscellaneous Permits \$50.00

Commercial/Industrial \$10.00 per \$1,000 construction cost

Wood Stove..... \$25.00

