

City of Northampton Building Department 212 Main Street Room 100 Northampton, MA 01060 phone 413-587-1240 Fax 413-587-1272	Department use only Status of Permit: Curb Cut/Driveway Permit _____ - Sewer/Septic Availability _____ Water/Well Availability _____ Two Sets of Structural Plans _____ Plot/Site Plans _____ Other Specify _____
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APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

SECTION 1 - SITE INFORMATION	This section to be completed by office		
1.1 Property Address:	Map	Lot	Unit
	Zone	Overlay District	
	Elm St. District	CB District	

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT	
2.1 Owner of Record:	
Name (Print)	Current Mailing Address:
Signature _____	Telephone _____
2.2 Authorized Agent:	
Name (Print)	Current Mailing Address:
Signature _____	Telephone _____

SECTION 3 - ESTIMATED CONSTRUCTION COSTS		Official Use Only	
Item	Estimated Cost (Dollars) to be completed by permit applicant	(a) Building Permit Fee	
1. Building			
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

This Section For Official Use Only	
Building Permit Number	Date Issued
Signature: _____ Building Commissioner/Inspector of Buildings	Date

SECTION 4- CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Interior Alterations	Existing Wall Signs	Demolition	Repairs	Additions	Accessory Building
Exterior Alteration	Existing Ground Sign	New Signs	Roofing	Change of Use	Other

**Brief Description
Of Proposed Work:**

SECTION 5 - USE GROUP AND CONSTRUCTION TYPE

USE GROUP (Check as applicable)				CONSTRUCTION TYPE	
A Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A	<input type="checkbox"/>
	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B	<input type="checkbox"/>
B Business <input type="checkbox"/>				2A	<input type="checkbox"/>
E Educational <input type="checkbox"/>				2B	<input type="checkbox"/>
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C	<input type="checkbox"/>
H High Hazard <input type="checkbox"/>				3A	<input type="checkbox"/>
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B	<input type="checkbox"/>
M Mercantile <input type="checkbox"/>				4	<input type="checkbox"/>
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A	<input type="checkbox"/>
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B	<input type="checkbox"/>
U Utility <input type="checkbox"/>	Specify:				
M Mixed Use <input type="checkbox"/>	Specify:				
S Special Use <input type="checkbox"/>	Specify:				

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE

Existing Use Group:	Proposed Use Group:
Existing Hazard Index 780 CMR 34):	Proposed Hazard Index 780 CMR 34):

SECTION 6 BUILDING HEIGHT AND AREA

BUILDING AREA EXISTING	PROPOSED NEW CONSTRUCTION	OFFICE USE ONLY
Floor Area per Floor (sf)		
1 st	1 st	
2 nd	2 nd	
3 rd	3 rd	
4 th	4 th	
Total Area (sf)	Total Proposed New Construction (sf)	
Total Height (ft)	Total Height ft	

7. Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	7.1 Flood Zone Information: Zone <input type="checkbox"/> Outside Flood Zone <input type="checkbox"/>	7.3 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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8. NORTHAMPTON ZONING					
	Existing		Proposed		Required by Zoning This column to be filled in by Building Department
Lot Size					
Frontage					
Setbacks <u>Front</u> <u>Side</u> <u>Rear</u>	L: _____ R: _____		L: _____ R: _____		
Building Height					
Bldg. Square Footage		%			
Open Space Footage (Lot area minus bldg & paved parking)		%			
# of Parking Spaces					
Fill: (volume & Location)					

A. Has a Special Permit/Variance/Finding **ever** been issued for/on the site?

NO DON'T KNOW YES

IF YES, date issued:

IF YES: Was the permit recorded at the Registry of Deeds?

NO DON'T KNOW YES

IF YES: enter Book Page and/or Document #

B. Does the site contain a brook, body of water or wetlands? NO DON'T KNOW YES

IF YES, has a permit been or need to be obtained from the Conservation Commission?

Needs to be obtained Obtained , Date Issued:

C. Do any signs exist on the property? YES NO

IF YES, describe size, type and location:

D. Are there any proposed changes to or additions of signs intended for the property? YES NO

IF YES, describe size, type and location:

E. Will the construction activity disturb (clearing, grading, excavation, or filling) over 1 acre or is it part of a common plan that will disturb over 1 acre? YES NO

IF YES, then a Northampton Storm Water Management Permit from the DPW is required.

SECTION 9- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

9.1 Registered Architect:

<p>_____ Name (Registrant):</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Telephone</p>	<p>Not Applicable <input type="checkbox"/></p> <p>_____ Registration Number</p> <p>_____ Expiration Date</p>
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9.2 Registered Professional Engineer(s):

<p>_____ Name</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Telephone</p>	<p>_____ Area of Responsibility</p> <p>_____ Registration Number</p> <p>_____ Expiration Date</p>
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<p>_____ Name</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Telephone</p>	<p>_____ Area of Responsibility</p> <p>_____ Registration Number</p> <p>_____ Expiration Date</p>
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<p>_____ Name</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Telephone</p>	<p>_____ Area of Responsibility</p> <p>_____ Registration Number</p> <p>_____ Expiration Date</p>
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<p>_____ Name</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Telephone</p>	<p>_____ Area of Responsibility</p> <p>_____ Registration Number</p> <p>_____ Expiration Date</p>
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9.3 General Contractor

<p>_____ Company Name:</p> <p>_____ Responsible In Charge of Construction</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Telephone</p>	<p>Not Applicable <input type="checkbox"/></p>
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SECTION 10- STRUCTURAL PEER REVIEW (780 CMR 110.11)	
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Independent Structural Engineering Structural Peer Review Required	Yes	No
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SECTION 11 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT	
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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.

Signature of Owner Date



I, _____, as Owner/Authorized

Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent Date

SECTION 12 - CONSTRUCTION SERVICES	
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<p>10.1 Licensed Construction Supervisor:</p> <p>Name of License Holder : _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>Signature _____ Telephone _____</p>	<p>Not Applicable</p> <p>_____</p> <p>License Number</p> <p>_____</p> <p>Expiration Date</p>
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SECTION 13 -WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))	
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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
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Solid Waste Disposal Affidavit

In accordance of the provisions of MGL c 40, S54, I acknowledge that as a condition of the building permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

Address of the work: _____

The debris will be transported by: _____

The debris will be received by: _____

Building permit number: _____

Name of Permit Applicant _____

Date

Signature of Permit Applicant



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 #: _____

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia