

Joseph Fydenkevez, Jr.
Inspector of Buildings

CITY OF EASTHAMPTON BUILDING INSPECTOR

50 Payson Avenue, Suite 160
Easthampton, MA 01027
Phone: (413) 529-1402
Fax: (413) 529-1433

PROCEDURE FOR OBTAINING A BUILDING PERMIT FOR NON-RESIDENTIAL OR 3 or MORE FAMILY RESIDENTIAL

1. **Building permit application** filled out and signed by legal owner or agent.
2. **Three sets of plans** and specifications showing the proposed work.
3. **Site plan** showing existing structure(s) and new work, with measured setbacks from property lines, well and septic locations.
4. **Construction Debris Affidavit** filled out and signed by applicant.
5. **Worker's Compensation Insurance Affidavit** filled out and signed by applicant.
6. **Contractors must supply copy** of their CSL License and Insurance.
7. **Verification of payment of taxes** from City Tax Collectors.
8. **Note any Conservation Commission and/or Special Permit Issues.**
9. **Energy Conservation Compliance.**

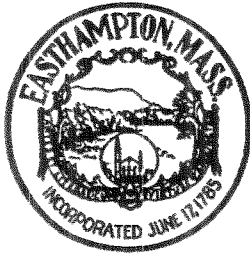
FOR NEW CONSTRUCTION (in addition to the requirements above)

10. **Driveway Permit** approved by DPW Superintendent.
11. **Sign off Sheet** completed with all signatures.
12. Sewer or Septic Disposal Works Permit must be received from the Board of Health.

FOR NON RESIDENTIAL AND 3 FAMILY or MORE RESIDENTIAL STRUCTURES EXCEEDING 35,000 CUBIC FEET (in addition to the requirements above)

13. All plans for work in structures containing more than 35,000 cubic feet shall be properly stamped per Section 110.8 and shall be required to meet the requirements of **Section 116, CONTROLLED CONSTRUCTION.**
14. All plans filed shall include the information specified in Section 110.8.
15. Beginning 1/1/09 all excavators must obtain a Trench Permit for public or private land.

NO WORK SHALL BE STARTED BEFORE A PERMIT IS ISSUED



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Easthampton, MA 01027
(413) 529-1402 Tel
(413) 529-1433 Fax

Name _____ Tel # () _____ - _____

Property Address: (number & street) _____

To assure that there are not any ordinances or zoning violations involved in your construction project we ask that you have the following agencies review and sign this form. Once all required signatures have been obtained, please return this form with your permit application to the building department. **The Tax Collector must sign this document before the issuance of any permit.**

Fire Department _____ Date: _____

Fire Safety Inspector: John Phillips Tel: 527-1212

Conditions: _____

Planning Department _____ Date: _____

City Planner: Stuart Beckley Tel: 529-1406

Conditions: _____

Conservation Commission _____ Date: _____

Chairperson: Kelley Richey Tel: 527-1145

Conditions: _____

Public Works _____ Date: _____

DPW Supervisor: Joe Pipczynski Tel: 529-1410

Conditions: _____

Board of Health _____ Date: _____

Health Agent: Dennis Lacourse Tel: 529-1430

Conditions: _____

Tax Collector _____ Date: _____

Collector: Betty Gendron



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR) Seventh Edition

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 Inspector: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

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

SECTION 2: PROPOSED WORK

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 1)

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 Evaluation is enclosed (See 780 CMR 3402.0)

Existing Use Group(s): _____ Proposed Use Group(s): _____
Existing Hazard Index 780 CMR 34: _____ Proposed Hazard Index 780 CMR 34: _____

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-2r A-2nc A-3 A-4 A-5 B: Business E: Educational
 F: Factory F-1 F2 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: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 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 identify 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: _____
--	--	---	--	---

Railroad right-of-way:
Not Applicable
or Consent to Build enclosed

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes or No

MA Historic Commission Review Process:
Is their review completed?
Yes No

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____

Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

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 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 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

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

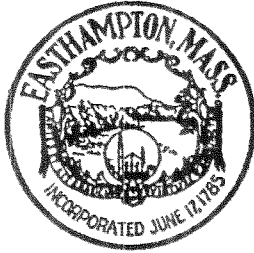
SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

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 _____

Municipal Inspector to fill out this section upon application approval: _____ Name _____ Date _____



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Construction Debris Affidavit (for all demolition and renovation work)

In accordance with the provisions of MGL c40, § 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a property licensed waste disposal facility as defined by MGL c 111, §150A.

The debris will be disposed of in:

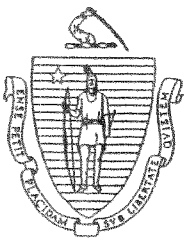
LOCATION OF FACILITY

The debris will be transported by:

NAME OF HAULER

SIGNATURE OF APPLICANT

DATE



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 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:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 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.† |
| 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.] | 5. <input type="checkbox"/> 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

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 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 Section 25A of MGL c. 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 up to \$250.00 a day against the violator. Be advised that 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 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.

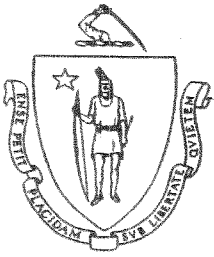
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



The Commonwealth of Massachusetts Department of Public Safety

One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200
Fax (617) 727-5732

CONSTRUCTION CONTROL DOCUMENT

Project Title: _____ Date: _____

Project Location: _____

Scope of Project: _____

In accordance with SECTION 116.0-116.4.2 of the 6th edition of the Massachusetts State Building Code :

I, _____ Mass. Registration Number _____

being a registered professional Engineer/Architect hereby CERTIFY that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- Entire Project Architectural Structural Mechanical
 Fire Protection Electrical Other (specify) _____

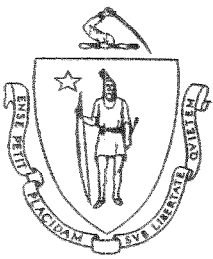
for the above named project and that to the best of my knowledge, such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all acceptable engineering practices and all applicable laws for the proposed project.

Furthermore, I understand and AGREE that I shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved by the building permit and shall be responsible for the following as specified in section 116.2.2:

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for the building permit, and approval for the conformance to the design concept.
2. Review and approval of the quality control procedures for all code-required controlled materials.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine, in general, if the work is being performed in a manner consistent with the construction documents.

I shall submit periodically, in a form acceptable to the building official, a progress report together with pertinent comments. Upon completion of the work, I shall submit to the building official a final report as to the satisfactory completion and readiness of the project for occupancy.

Signature and Seal of registered professional:



The Commonwealth of Massachusetts Department of Public Safety

One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200
Fax (617) 727-5732

SECONDARY CONSTRUCTION CONTROL DOCUMENT

(for Professional Engineers/Architects responsible for only a portion of a controlled project)

Project Title: _____ Date: _____
Project Location: _____
Scope of Project: _____

In accordance with the sixth edition Massachusetts State Building Code, 780 CMR SECTION 116.0:

I, _____ Mass. Registration Number _____

being a registered professional Engineer/Architect hereby **CERTIFY** that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

Entire Project Architectural Structural Mechanical
 Fire Protection Electrical Other (specify) _____

for the above named project and that to the best of my knowledge, such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all acceptable engineering practices and all applicable laws for the proposed project.

Furthermore, **I understand and AGREE** that I shall perform the necessary professional services to determine that the above mentioned portions of the work proceed in accordance with the documents approved for the building permit.

Upon completion of the work, **I shall submit a final report** as to the satisfactory completion of the above mentioned portion of the work.

Signature and Seal of registered professional: