

Town of Chesterfield, Massachusetts Building Department

Building Permit Application for **NEW DWELLING** (residence) Only

For all other projects, use Permit to Alter application

READ THIS! All applications must include the following:

➤ **SITE PLAN**

- **Clearly drawn** - show distances from all lot lines* to:
 - Existing and proposed buildings
 - Septic system, well, driveway
 - Any wetlands (stream, pond, marsh, etc.)

*NOTE: Edge of road pavement is probably NOT the lot line - required setback cannot include town land

➤ **PROOF OF POTABLE WATER**

- Enclose copy of water test results from registered laboratory

➤ **SEPTIC INSTALLATION PERMIT**

- Enclose copy of permit received from Board of Health (John Chandler – 413-695-1055)

➤ **DRIVEWAY PERMIT**

- Copy of permit received from Highway Superintendent (Mat Smith - 413-296-4727)

➤ **CONSERVATION COMMISSION SIGN OFF**

- Contact the conservation commission before applying for building permit
(John Follet – 413-634-0221)

and provide evidence that they have reviewed the project.

Failure to contact Conservation Commission will delay permit.

➤ **TWO SETS OF BUILDING PLANS**

- **AN ADDITIONAL SET MUST BE GIVEN TO THE FIRE CHIEF** (David Hewes – 413-296-4049)
- **Clearly drawn to scale, and of sufficient detail,** plans must include:
 - Floor plans (including basements, garages and other non living space)
 - Elevations - minimum of four exterior elevations
 - Framing cross sections showing all foundation and framing details and sizes of members
 - All window and door sizes must be noted on plans
 - Location of all smoke, CO and heat detectors
 - All prefabricated components (e.g. trusses) must be shown.

➤ **ENERGY CALCULATIONS**

- All applications must include a preliminary HERS rating from a certified HERS rater that the proposed new dwelling will comply with the Massachusetts Stretch Energy Code.

**.....FOLLOWING IS A THREE PAGE APPLICATION.....
ALL INFORMATION MUST BE PROVIDED**

Applications or plans which are incomplete, illegible or lacking sufficient detail cannot be accepted, and will be returned, delaying the application process.

Completed applications may be submitted during office hours or mailed to:

Chesterfield Building Department
P.O. Box 175
Chesterfield, MA 01012
Phone: (413) 296 - 0127

Office Hours:

422 Main Road: Monday evenings 7:00 to 8:30 PM

FOR CONSTRUCTION OF **NEW DWELLING** (RESIDENCE) ONLY

NOTE: FOR ALL OTHER RESIDENTIAL PROJECTS, USE PERMIT TO ALTER APPLICATION

TOWN OF CHESTERFIELD

Map / Parcel _____ / _____ Fee: _____ Permit # _____ Date: _____

Owner's name: _____ Phone #: (____) _____

Owner's MAILING ADDRESS: _____ ZIP: _____

Name of Mortgage Lender _____ Phone _____

Homeowner's Insurance Co. _____ Agency _____ Phone _____

Contractor's name: _____ Phone #: (____) _____

Contractor's MAILING ADDRESS: _____ ZIP: _____

NOTE: Legible photocopy of contractor's Mass Construction Supervisor License must be included with application

CSL # _____ Expiration Date ____/____/____

Location of proposed work: _____

Side of street: ____ N ____ E ____ S ____ W Nearest intersecting street: _____

Cost of proposed work: \$ _____ Use of proposed building: ____ One Family ____ Two Family

Square footage - living space: _____ Total number of bedrooms: _____ Wood/pellet/coal stoves: _____

Species of framing lumber: _____ (a stamp from a Mass. certified mill is required for native lumber)

Will there be any work done within 200 feet of any wetland? _____ Is the site within the floodplain? _____

Lot Size _____ Road Frontage _____ Feet

Distance from lot lines to proposed construction - as viewed from the street:

Front: _____ Left: _____ Right: _____ Rear: _____

SIGNATURES OF LOCAL COMPLIANCE

Conservation Commission: _____

____ Special permit ____ Variance granted by _____ Board _____

Other: _____ for _____

Construction Debris:

In accordance with the provisions of MGL Chap 40, Section 54, a condition of a building permit is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL Chap 111, Section 150A.

The debris will be disposed of in: _____
(Location of facility or name of certified hauler/dumpster company)

COMPLETE ONLY ONE OF THE FOLLOWING BOXES:

EITHER:

Agent Authorization – To be completed when a **licensed contractor** applies for building permit

I _____, as owner of the subject property hereby authorize
(print Owner's name)
_____, to act on my behalf in all matters relative to work
(print Licensed Contractor's name)
authorized by this building permit application.

Signature of Owner: _____

Signature of Contractor: _____

OR:

Homeowner license exemption – To be completed when **homeowner** wishes to act as general contractor

Definition of a homeowner: (Legal definition from the Mass. State Building Code)

*Person who owns a parcel of land on which he/she **resides or intends to reside**, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures.*

NOTE: Rental properties or those occupied by others do not qualify!

I, _____ verify that I qualify as a homeowner as defined above, and wish to apply for a building permit in my own name. I will take full responsibility for all duties as a general contractor, including, but not limited to understanding the requirements of the Mass. State Building Code, arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code and the Town of Chesterfield Zoning Bylaw. I shall further be responsible for all subcontractors working on the job.

I shall be solely responsible for the completion of the project.

Signature: _____

Date: _____

The Building Department must be notified of any changes to the above information, or other documents on file immediately.

NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION

(If you are a homeowner, applying to act as your own general contractor, check the box which says "I am a homeowner performing all the work myself", sign and date.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

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 per 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 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 #: _____