


780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS  
THE MASSACHUSETTS STATE BUILDING CODE

 <p><b>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</b></p>	FOR MUNICIPALITY USE
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING	

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

<b>SECTION 1 - SITE INFORMATION</b>					
1.1 Property Address: _____ _____ _____			1.2 Assessors Map & Parcel Number: Map Number _____ Parcel Number _____		
1.3 Zoning Information: Zoning District _____ Proposed Use _____			1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____		
1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

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

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SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE	
<b>3.1 Licensed Construction Supervisor:</b> <hr/> Licensed Construction Supervisor: <hr/> Address <hr/> Signature _____ Telephone _____	Not Applicable <input checked="" type="checkbox"/> <hr/> License Number <hr/> Expiration Date <hr/>
<b>3.2 Registered Home Improvement Contractor:</b> <hr/> Company Name <hr/> Address <hr/> Signature _____ Telephone _____	Not Applicable <input checked="" type="checkbox"/> <hr/> Registration Number <hr/> Expiration Date <hr/>

SECTION 4 - 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..... <input checked="" type="checkbox"/> No..... <input checked="" type="checkbox"/>

SECTION 5 - 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)	
<b>5.1 Registered Architect:</b> <hr/> Name (Registrant): <hr/> Address <hr/> Signature _____ Telephone _____	Not Applicable <input checked="" type="checkbox"/> <hr/> Registration Number <hr/> Expiration Date <hr/>

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<b>5.2 Registered Professional Engineer(s):</b>	
Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date
Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date
<b>5.3 General Contractor</b>	
Company Name:	Not Applicable <input checked="" type="checkbox"/>
Responsible In Charge of Construction:	
Address	
Signature _____ Telephone _____	

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SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)			
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Addition <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____			
Brief Description of Proposed Work:			

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE							
USE GROUP (Check as applicable)						CONSTRUCTION TYPE	
A Assembly <input type="checkbox"/>	<input type="checkbox"/>	A-1 <input type="checkbox"/>	<input type="checkbox"/>	A-2 <input type="checkbox"/>	<input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/>
		A-4 <input type="checkbox"/>	<input type="checkbox"/>	A-5 <input type="checkbox"/>	<input type="checkbox"/>		1B <input type="checkbox"/>
B Business <input type="checkbox"/>	<input type="checkbox"/>						2A <input type="checkbox"/>
E Educational <input type="checkbox"/>	<input type="checkbox"/>						2B <input type="checkbox"/>
F Factory <input type="checkbox"/>	<input type="checkbox"/>	F-1 <input type="checkbox"/>	<input type="checkbox"/>	F-2 <input type="checkbox"/>	<input type="checkbox"/>		2C <input type="checkbox"/>
H High Hazard <input type="checkbox"/>	<input type="checkbox"/>						3A <input type="checkbox"/>
I Institutional <input type="checkbox"/>	<input type="checkbox"/>	I-1 <input type="checkbox"/>	<input type="checkbox"/>	I-2 <input type="checkbox"/>	<input type="checkbox"/>	I-3 <input type="checkbox"/>	3B <input type="checkbox"/>
M Mercantile <input type="checkbox"/>	<input type="checkbox"/>						4 <input type="checkbox"/>
R Residential <input type="checkbox"/>	<input type="checkbox"/>	R-1 <input type="checkbox"/>	<input type="checkbox"/>	R-2 <input type="checkbox"/>	<input type="checkbox"/>	R-3 <input type="checkbox"/>	5A <input type="checkbox"/>
S Storage <input type="checkbox"/>	<input type="checkbox"/>	S-1 <input type="checkbox"/>	<input type="checkbox"/>	S-2 <input type="checkbox"/>	<input type="checkbox"/>		5B <input type="checkbox"/>
U Utility <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____					
M Mixed Use <input type="checkbox"/>	<input type="checkbox"/>	Specify: _____					
S Special Use <input type="checkbox"/>	<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): _____			

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SECTION 8 BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Structural Peer Review Required	Yes.....	No.....

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS 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.	
Signature of Owner	Date

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION	
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

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SECTION 11 - ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	



# Town of South Hadley

OFFICE OF BUILDING AND WIRING INSPECTIONS

116 Main Street  
SOUTH HADLEY, MA 01075-2864  
Telephone (413) 538-5010  
Fax (413) 538-7565

STEVEN RENO

Building Commissioner

buildinginspector@southhadley.org

ROY RIVERS

Electrical Inspector

## CONSTRUCTION CONTROL DOCUMENT

wiringshadley@comcast.net

Project Title: \_\_\_\_\_

Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Scope of Project: \_\_\_\_\_

In accordance with SECTION 116.0-116.4.2 of the 6<sup>th</sup> 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:

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Entire Project  | <input type="checkbox"/> Architectural | <input type="checkbox"/> Structural            | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Electrical    | <input type="checkbox"/> 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 of Registered Professional: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_ my commission expires on \_\_\_\_\_ Notary Public



THIS SHEET FOR  
NEW CONSTRUCTION ONLY

Town of South Abbley  
Building Permit Application

ALL SIGNATURES MUST BE  
ON ONE SHEET

Map # \_\_\_\_\_

Parcel # \_\_\_\_\_

Owner's Telephone # (\_\_\_\_\_) \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ OWNER'S ADDRESS \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ SUBDIVISION LOCATION \_\_\_\_\_

APPROVING AUTHORITY PLANNING BOARD 538-5011	APPROVED	DENIED	DATE	SIGNATURE OF DEPARTMENT AGENT	DATE
116 Main Street DPW - Sewer Division 538-5033					
10 Industrial Drive DPW - Highway Dept 538-5033					
10 Industrial Drive CONSERVATION COMMISSION					
538-5052 116 Main Street DISTRICT WATER COMM. Dist 2 <sup>nd</sup> 20 Woodbridge St 532 9210 Dist 4 <sup>th</sup> 438 Grandby Road 532 0666					
ELECTRIC LIGHT DEPT 536-1050 85 MAIN STREET					
BOARD OF HEALTH 538-5013 116 MAIN STREET (SEPTIC SYSTEMS ONLY)					
TAX COLLECTOR 538-5020 116 MAIN STREET					
TREE WARDEN 538-5033					
TPP/Storm Water Management Coordinator Sewage Treatment Plant 538-5040 2 James Street, Chicopee, MA					

RETURN TO THE BUILDING INSPECTOR'S OFFICE AFTER ALL ABOVE AGENTS HAVE SIGNED.



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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a 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 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>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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\*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 their workers' comp. policy information.

***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 #: \_\_\_\_\_

*TOWN OF SOUTH HADLEY*

**Barbara Eckman, Chair**  
**Selectboard**

**Deborah Baldini**  
**Collector**

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As adopted by Town Meeting May 4, 1991:

M.G.L. Chapter 40, Section 57

Local Licenses and Permits; denial, revocation or suspension for failure to pay  
Municipal taxes or charges:

Any city or town which accepts the provisions of this section, may by by-law or ordinance deny any permit, or any local license or permit including renewals and transfers issued by any board, officer, department for any person, corporation or business enterprise, who has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges, including amounts assessed under the provisions of section twenty-one D or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate whose owner has neglected or refused to pay any local taxes, betterments or any other municipal charge.

Provided, however, an affidavit has first been obtained from the Town Collector stating all local taxes, betterments and other municipal fees have been paid in full.

Applicant \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Map & Parcel \_\_\_\_\_

The above named person or business has paid all outstanding taxes and municipal fees to  
Deborah Baldini, Collector

Under the penalty of perjury:

Witnessed:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deborah Baldini, Collector

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*Town of South Hadley, 116 Main Street, Room 107, South Hadley, MA 01075*

*Phone: (413)538-5020 Fax: (413) 538-7565 E-Mail: taxcollector@southhadley.org*