



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

Building Permit Application to Construct,  
Repair, Renovate or Demolish a **One- or Two-  
Family Dwelling**

Building Department  
116 Main Street  
South Hadley, MA 01075  
413-538-5030 X6186

<https://www.southhadley.org/238/Inspection-Services>



**This Section for Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1 : SITE INFORMATION**

<b>1.1 Property Address:</b> _____ 1.1a Is this an accepted street? yes _____ no _____	<b>1.2 Assessors Map &amp; Parcel Numbers</b> Map Number _____ Parcel Number _____
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____	<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
<b>6. Total Project Cost:</b>	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

<p><b>5.1 Construction Supervisor License (CSL)</b></p> <p>_____ Name of CSL Holder</p> <p>_____ No. and Street</p> <p>_____ City/Town, State, ZIP</p> <p>_____ Telephone</p>	<p>_____ License Number</p> <p>_____ Expiration Date</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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<p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____ HIC Company Name or HIC Registrant Name</p> <p>_____ No. and Street</p> <p>_____ City/Town, State, ZIP</p> <p>_____ Telephone</p>	<p>_____ HIC Registration Number</p> <p>_____ Expiration Date</p> <p>_____ Email address</p>
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**SECTION 6: 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 .....             No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S 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.

\_\_\_\_\_  
Print Owner's Name (Electronic Signature)

\_\_\_\_\_  
Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

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.

\_\_\_\_\_  
Print Owner's or Authorized Agent's Name (Electronic Signature)

\_\_\_\_\_  
Date

**NOTES:**

- An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)
- When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

# DEBRIS DISPOSAL DOCUMENT

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

ANY AND ALL DEBRIS PROUCED AS A RESULT OF WORK PERMITTED UNDER THE ATTACHED APPLICATION WILL BE DISPOSED OF IN:

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Name of Licensed Solid Waste Disposal Business/Facility

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Address of Licensed Solid Waste Disposal Business/Facility

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Name of Hauler or Company

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Print Applicant Name

Date

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct, and that clicking this checkbox and typing my name in the field above will act as my signature.*

## HOMEOWNER'S EXEMPTION ELIGIBILITY

I, (print full legal name) hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowner's exemption to the permit requirements of the Massachusetts State Building Code, in connection with a project or work on a parcel of land to which I hold legal title.
2. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2: Person(s) 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. A person who constructs more than one home in a two-year period shall not be considered a homeowner.
3. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
4. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature; \_\_\_\_\_



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 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 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 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 (check one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_