

Town of Otis

Construction Permitting Procedure

Instructions: This form should be completed for construction projects before required permits can be issued. It is designed as a tool, to help you navigate through the approval process and to ensure that required permits are in place before work begins, thus avoiding the risk of fines and other enforcement action. **Please note:** All boards, commissions, departments and inspectors require that requests be accompanied by a site or plot plan.

Part One: Owner/Site/Project Information

Please present this form, with Part One completed, to the Building Inspector/Zoning Enforcement Officer, who will outline approval requirements.

Name of property owner _____ Telephone _____

Mailing address _____

Signature _____ Date _____

Applicant, if other than owner _____ Telephone _____

Address _____

Signature _____ Date _____

Property Address _____ Lot Area (sq.ft.) _____

Assessor's Map No. _____ Parcel No. _____ Road frontage (feet) _____

Assessor's Office Verification: (Initials) _____ Date _____

Description and Construction Time _____

Part Two: Tax Status

_____ Delinquent taxes *are not* owed on this property.

_____ Delinquent taxes of \$ _____ are owed on this property.

Signed _____ Date _____

(Tax Collector or designee. Signature effective for 90 days.)

Part Three: Required Approvals

O Zoning Board of Appeals

Application submitted for _____ special permit (or) _____ zoning variance. N/A _____

Application date: _____ Public hearing date: _____ Approved _____

Denied: _____ Reason for denial: _____



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
*Revised January
1, 2008*

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ 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 ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____

Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

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: ☐ Standard City/Town Application Fee ☐ Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ ☐ Paid in Full ☐ Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (up to 35,000 Cu. Ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry Only

RC

Residential Roofing Covering

WS

Residential Window and Siding

SF

Residential Solid Fuel Burning Appliance Installation

D

Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

Registration Number _____

Expiration Date _____

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.

Signature of Owner _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name _____

Signature of Owner or Authorized Agent _____

Date _____

(Signed under the pains and penalties of perjury)

NOTES:

1. 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors 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 _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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:

- | | |
|--|--|
| <p>1. ☐ I am an employer with _____ employees (full and/or part-time).*</p> <p>2. ☐ 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. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. ☐ 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. ☐ 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 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 OTIS
Building Inspectors Department
1 North Main, P.O. Box 237
Otis, MA 01253
(413) 269-0100 x-205

CONSTRUCTION DEBRIS AFFIDAVIT
(for all demolition and renovation work)

In accordance with the provisions of MGL c40,S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL c111,S 150A.

The debris will be transported by :

(name of hauler)

The debris will be disposed of in :

(name of facility)

signature of permit applicant

date

TOWN OF OTIS
Building Inspectors Department
1 North Main Street
Otis, MA 01253
(413) 269-0105



HOMEOWNER LICENSE EXEMPTION

Please print.

DATE _____

JOB LOCATION _____

Number

Street address

Section of Town

"HOMEOWNER" _____

Name

Home phone

Work phone

PRESENT MAILING ADDRESS _____

City/town

State

Zip code

The current exemption for "homeowners" was extended to include owner occupied dwellings of four units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 108.3.5.1).

DEFINITION OF HOMEOWNER:

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. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5.1).

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Otis Building Department minimum inspection procedures and requirements, and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE _____

APPROVAL OF BUILDING OFFICIAL _____

Note: Three-family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Chapter 1, Section 116, Construction Control.

Note: Not applicable to installation of modular homes