



Building Department TOWN OF PLAINVILLE

www.plainville.ma.us

190 SOUTH STREET

PLAINVILLE, MASSACHUSETTS 02762-1517

Marshall Adams
Building Commissioner
508-576-8491
Fax 508-695-1857

ONE & TWO FAMILY RESIDENTIAL BUILDING PERMIT INSTRUCTIONS and APPLICATION

Please be advised that any incomplete and/or not legible applications will be rejected.

IF APPLICABLE THE FOLLOWING INFORMATION WILL BE REQUIRED

Check Off (below) Information that is submitted with the Permit form:

- ☐ Plot Plan must be to scale, stamped & the original signed by the engineer.
- ☐ A certified ***As Built*** foundation plan is required for all new work after the foundation is set and must show all dimensions of the house and setbacks from property lines.
- ☐ All plans **MUST** include section drawings for the foundation, floor, wall, roof, floor plans, and wind bracing (**TWO SETS REQUIRED**). Two sets of all **ENGINEERED LUMBER** (number on prints) stamped by an Engineer or Architect may be required. One set of each will be returned (*must be on site for inspections*).
- ☐ Res Check 4.3 IECC 2009 (or Later) for NEW CONSTRUCTION and ADDITIONS see the link on town website at (www.plainville.ma.us) *go to town departments, click Building Inspector go to Energy Codes, click to open fill out information, and print & submit two copies.*
- ☐ Septic ***As Built*** plans are required for new construction, additions, garages, swimming pools, sheds, decks, site work, etc. Homeowner supplied or research at Board of Health.
- ☐ Certificate of Insurance for Liability and Workers' Compensation is required with the Town of Plainville as Certificate Holder. Workers' Compensation Affidavit must be filed.
- ☐ Copy of Construction Supervisor License and or Home Improvement Contractor Registration for each permit.
- ☐ Copy of the Federal (EPA) stormwater permit. If your project disturbs one acre or more.
- ☐ If demolition of a structure (house, barn, garage, etc.) is involved you need to receive a ***Demolition Application*** form from the building department.
- ☐ If a bedroom is added or changed a complete floor plan of all floors is required with smoke detector & carbon monoxide detector locations to meet current Mass. Code.
- ☐ For ***Roofing, Siding, and Windows*** complete Sections: 1.1, 1.2, 2, 3, 4, 5, 6, 7a, 7b, and attach copies of CSL License, HIC Registration, insurance certificates, Workers' Compensation Affidavit, and have the Treasurer & Board of Health sign off on back page.
- ☐ Make checks payable to the ***Town of Plainville***

The Applicant MAY need to contact the Town Departments listed in this application for approval.

ADDITIONAL INFORMATION MAY BE REQUIRED.

Fill out all sections or mark with "N/A" (not applicable)



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



Town of Plainville
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ 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) _____ City, State, Zip _____

No. and Street _____ Telephone _____ Email Address _____

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

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

Name of CSL Holder _____

No. and Street _____

City/Town, State, Zip _____

Telephone _____

Email address _____

License Number _____

Expiration Date List _____

CSL Type (see below) _____

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

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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: OWNER¹ 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:

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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. 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.) _____
fireplaces _____	Habitable room count _____	Number of bedrooms _____
bathrooms _____	Number of half/baths _____	Number of 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"

OTHER INFORMATION

BOARD OF HEALTH

Septic As Built submitted ☐ YES ☐ NO ☐ N/A
Number of bedrooms at the start of the job: _____ Number of rooms at the start of the job: _____
Number of bedrooms at completion: _____ Number of rooms at completion: _____
Are there any DEED RESTRICTIONS by the Board of Health: ☐ YES ☐ NO
If yes, please explain:

CONSERVATION

<i>Does the Work Involve:</i>	WETLANDS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	WATER SHED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	WELLHEAD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	CONSERVATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	310 CMR 10.00	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TRENCH PERMIT

Pursuant to MGL Chapter 82A §1 and CMR 14.00 et seq. (as amended)

<i>Does the Work Involve:</i>	A trench or excavation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Has a TRENCH PERMIT been received	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DEBRIS

Disposed by: _____

At Facility: _____

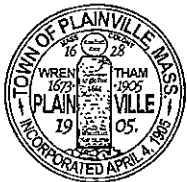
As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a building or structure, MGL Chapter 40 §54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111 §150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Signature

Date

Print Name



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TOWN OF PLAINVILLE
www.plainville.ma.us
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BUILDING PERMIT FEES

Residential 1 & 2 Family Permit Fees for Additions, Renovations and New Construction = \$12.00 per thousand (round up to the nearest thousand when calculating the permit fees).

The calculation is based on Square Foot Cost from the ICC Building Valuation Data or the Contracted Price whichever is greater.

Residential Flat Rates:

Stoves, Fireplaces, Chimneys	\$50
Tents (<i>plus</i> any electrical permit if temporary lights or power is used)	\$25
Additional Inspections (<i>per inspection</i>)	\$50
Foundation Only	\$100
Demolition (minimum)	\$100
Minimum Permit Fee* for Construction (<i>one inspection</i>)	\$50/thousand

**Round up to the nearest thousand when calculating permit fees.*

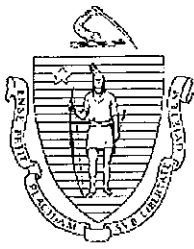
Plan Review Fees May Apply

Permits are not considered issued until paid for, received, and posted onsite.

Re-inspection Fee.....	\$50
Building Permit Replacement for Lost Permits	\$50

**All Permit Fees are Doubled if Work Starts Before Permit(s)
are issued, paid for, and posted onsite.**

Any Questions Please Call the Building Department at 508-508-576-8491



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 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 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 #: _____

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
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia



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Project Address: _____ Map: _____ Parcel: _____

Proposed Project: _____

Owner: _____ Applicant: _____

The applicant may need to contact the town departments below for approval. This list should not be considered complete other approvals and permits may be required.

Department	Signature	Date	Determination		
Treasurer/Collector			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Board of Health			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Trash			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Stormwater			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Well and/or Septic			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Septic Design	# of Bedrooms:		# of rooms per septic design:		
Water Commissioner			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Sewer Commissioner			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Conservation			<input type="checkbox"/> N/A	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/conditions
Determination of Applicability	<input type="checkbox"/> Not Required	Date Issued:		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative
DEP File #	Date Recorded:		Book:	Page:	
Highway Department			Permit #		
MassDOT			Permit #		
Planning Board					
Zoning Board of Appeals	Case #:	Variance:	Special Permit:	Other:	
20 Day "No Appeal Date"			Book:	Page:	
Fire Department					

Department Heads: Please attach a copy of any conditions or notes to this application.