

**TOWN of PLAINVILLE**  
190 South St Plainville, MA. 02762  
508-695-3010 ext#491 / fax # 508-576-8499

## **Commercial Building Permit**

### **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 Permit◇**

- ☐ Plot Plan must be to scale, stamped & original signed by the engineer.
- ☐ A certified ***As Built*** foundation plan is required for all new work after foundation is set, must show all dimensions of foundation and set backs from property lines.
- ☐ All plans **MUST** include section drawing for foundation, floor, wall, roof, floor plans, (***3 SETS REQUIRED***), stamped by an Engineer or Architect. One set will be returned (***must be on site for inspections***).
- ☐ ANSI/ASHREA/IESNA 90.1-2013 & IECC 2015 (or Later) for NEW CONSTRUCTION and ADDITIONS see link on town web site at ([www.plainville.ma.us](http://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.
- ☐ Certificate of Insurance for Liability and Workers' Compensation is required with the Town of Plainville as Certificate Holder. Workers' Compensation Affidavit must be filed.
- ☐ If demolition of a structure is involved you need to receive a ***Demolition Application*** form from the Building Department. Both must be filled out.
- ☐ **Cash or check payable to: Town of Plainville**

***Applicant MAY need to contact the Town Departments listed on the back for approval***

***ADDITIONAL INFORMATION MAY BE REQUIRED***

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



# The Commonwealth of Massachusetts

## Department of Public Safety

Massachusetts State Building Code (780 CMR)

### Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

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

#### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_  
Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

#### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

#### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

#### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐

F: Factory F-1 ☐ F-2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐

I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐

S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use Description: \_\_\_\_\_

#### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<a href="#">MA Historic Commission Review Process:</a> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

**If applicable, the property owner hereby authorizes:**Name Street Address City/Town State Zip  
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)**If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here** ☐.Otherwise provide [construction control forms](#) (see section 107 in the code) as required.**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

**10.2 General Contractor**

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

**SECTION 11: [WORKERS' COMPENSATION INSURANCE AFFIDAVIT](#) (M.G.L. c. 152. § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes ☐ No ☐**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here _____

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

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.

Please print and sign name Title Telephone No. Date

Street Address City/Town State Zip Email Address

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_  
Name Date

## Appendix 1

**For the demolition of structures the building code requires action on service connections.**

### 780 CMR 112.0 DEMOLITION OF STRUCTURES

112.1 Service Connections. Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 111.5.

**Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.**

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City / Town

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name of Building (if applicable)

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

For the above described property the following action was taken:

Water Shut Off?    Yes ☐ No ☐    Provider notified and Release obtained?    Yes ☐ No ☐

Gas Shut Off?    Yes ☐ No ☐    Provider notified and Release obtained?    Yes ☐ No ☐

Electricity Off?    Yes ☐ No ☐    Provider notified and Release obtained?    Yes ☐ No ☐

\_\_\_\_\_  
Yes ☐ No ☐    Provider notified and Release obtained?    Yes ☐ No ☐

Other (if applicable)

\_\_\_\_\_  
Yes ☐ No ☐    Provider notified and Release obtained?    Yes ☐ No ☐

Other (if applicable)

\_\_\_\_\_  
Yes ☐ No ☐    Provider notified and Release obtained?    Yes ☐ No ☐

## Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 116. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

### Registered Professional Contact Information

_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State    Zip	_____ Discipline    Expiration Date
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State    Zip	_____ Discipline    Expiration Date
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State    Zip	_____ Discipline    Expiration Date



# The Commonwealth of Massachusetts

## Department of Public Safety

Massachusetts State Building Code (780 CMR) Seventh Edition

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

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### CODE REQUIREMENTS FOR BUILDING PERMITS

- **780 CMR** (The State Building Code), Section 110.1 indicates that "It shall be unlawful to construct, reconstruct, alter, repair, remove or demolish a building or structure; or to change the use or occupancy of a building or structure; or to install or alter any equipment for which provision is made or the installation of which is regulated by 780 CMR without first filing a written application with the building official and obtaining the required permit therefore."
- **Section 110.2.1** indicates that "A building permit shall be required for temporary structures, unless exempted by 780 CMR 110.3. Such permits shall be limited as to time of service, but such temporary construction shall not be permitted for more than one year."
- **Section 110.5** indicates that "Application for a permit shall be made by the owner or lessee of the building or structure, or agent of either. If application is made other than by the owner, the written authorization of the owner shall accompany the application. Such written authorization shall be signed by the owner, or shall grant permission to the lessee to apply for the permit. The full names and addresses of the owner, lessee, applicant and the responsible officers, if the owner or lessee is a corporate body, shall be stated in the application."
- **Section 114.1** indicates that "A permit to begin work for new construction, alteration, removal, demolition or other building operation shall not be issued until the fees prescribed in 780 CMR 114.0 shall have been paid to the department of building inspection or other authorized agency of the jurisdiction, nor shall an amendment to a permit necessitating an additional fee be approved until the additional fee has been paid."

### FILING INSTRUCTIONS

1. Please contact the city or town where the work will be done to ensure that the city or town will accept this application form and if any additional information is required, and obtain the correct mailing address. After doing so, print the application, fill in completely and then submit to the local city or town where the work will be done.
2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
3. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the local city or town where the work will be done.

# Department of Professional Licensure

## Office of Public Safety and Inspections

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### Massachusetts Existing Building Code Checklist

#### Based on 2015 IEBC w/ Massachusetts Amendments

To be submitted with Building Permit Application

Address: \_\_\_\_\_, MA  
(Street number, name) (City / Town)  
Unit / Suite: (location within building) \_\_\_\_\_

**Risk Category:** (Check one), ☐ Risk Category I, ☐ Risk Category II, ☐ RC III, ☐ RC IV.

Work proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction Control, building at 35,000 c.f. or greater ☐ Yes ☐ No  
If Yes, then "Investigation & Evaluation Report" is required (780 CMR 104.2.2.1.)

**Compliance Method:** [Only one method to be used] (Check all boxes that apply)

**Prescriptive**  
(Chapter 4)

☐ Repairs

☐ Alteration

☐ Addition

☐ Change of Occupancy

**Work area**

(Chapters 5 – 13)

☐ Repairs: Chapter 5

☐ Alteration: (check only one box)

☐ Level 1: Chapter 7

☐ Level 2: Chapter 7 & 8

☐ Level 3: Chapter 7, 8 & 9

☐ Change of Occupancy: Chapter 10

☐ Additions: Chapter 11

☐ Historic Buildings: Chapter 12

☐ Relocated or Moved Buildings: Chapter 13

**Performance**  
(Chapter 14)

☐ Repairs

☐ Alteration

☐ Addition

☐ Change of Occupancy

**Note:** Chapters 15 applies to all compliance Methods.

Applicant's Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

## ***MISCELLANEOUS INFORMATION***

### **BOARD of HEALTH**

Septic As Built submitted ☐ YES ☐ NO ☐ N/A  
Are there any DEED RESTRICTION by the Board of Health: ☐ YES ☐ NO (if yes please explain)  
\_\_\_\_\_

### **CONSERVATION**

**1. Does Work Involve:** WETLANDS, GROUNDWATER PROTECTION DISTRICT, WATER RESOURCE PROTECTION, WATERSHED PROTECTION DISTRICT, FLOOD PLAN DISTRICT, CONSERVATION AREAS or OTHER AREAS of 310 CMR 10.00 (circle all that applies & initial) ☐ YES ☐ NO **Initials:**

### **TRENCH PERMIT**

Pursuant to G. L. c. 82A §1 and CMR 14.00 et seq. (as amended)

**1. Does Work Involve:** A TRENCH OR EXCAVATION ☐ YES ☐ NO **Initials:**  
HAS A TRENCH PERMIT BEEN RECEIVED ☐ YES ☐ NO **Permit #**

### **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 c40, §54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111 §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.*



**Town of Plainville**  
**Building Permit Fees**

**Commercial Building Permit Fees for**  
**Additions, Renovations & New Construction**  
**Are \$16.00 per Thousand \$100.00 Minimum**

*Round up to nearest thousand when calculating permit fees*

**Based on Square Foot Cost from the ICC Building Valuation Data**  
**Or Contracted Price,**  
**Which Ever is Greater**

Additional Inspections (per inspection) -----	\$50.00
Re-inspection -----	\$50.00
Foundation Only -----	\$200.00
Demolition Minimum -----	\$250.00
<b><i>Minimum Permit Fee for construction -----</i></b>	<b><i>\$100.00</i></b>

*Round up to nearest thousand when calculating permit fees*

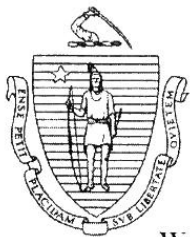
**Plan Review fees may apply**

**Permits are not considered issued until: paid for, received & posted on site**

Re-inspection Fee -----	\$50.00
Building Permit Replacement for Lost Permits -----	\$100.00

**All permit fees are DOUBLED if work starts before permit is issued,**  
**paid for, and posted on site**

**Any Questions Please Call Building Department at 508-695-3010 ext#491**



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

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am a employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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. ‡
6. ☐ 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.]

**Type of project (required):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_

# 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Town of Plainville  
**Building Department**

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.***

Please check off one box  
N/A   Approved   Approved\*  
\* with conditions

<u><b>Department</b></u>	<u><b>Signature</b></u>	<u><b>Date</b></u>			
<b>Treasurer &amp; Collector</b>	_____	_____	<b>Need signature</b>		
			N/A	Approved	Approved*
<b>Board of Health</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trash</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storm water</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Well and or Septic</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Septic Design</b>	_____ # gals per day _____ # of seats or occupancy load _____ # Bedrooms				
<b>Water Commissioner</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sewer Commissioner</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Department</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conservation</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determination of Applicability: Not Required ☐ Date Issued: \_\_\_\_\_ Positive: ☐ Negative: ☐

DEP File # \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_

<b>Highway Department</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit #	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mass Highway</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit #	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Planning Board</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Zoning Board of Appeals</b>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Case # \_\_\_\_\_ Variance \_\_\_\_\_ Special Permit \_\_\_\_\_ Other \_\_\_\_\_

20 Day "NO APPEAL DATE" \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

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

Building Department ph# 508-695-3010 ext #491 Fax # 508-576-8499