

BUILDING PERMIT APPLICATION PACKET

PLEASE BE SURE TO:

MAKE SURE ALL INFORMATION ON THE APPLICATION IS COMPLETE AND LEGIBLE.

INCLUDE ALL SUPPORTING DOCUMENTATION (LICENSE COPIES, CERTIFICATES OF INSURANCE, ETC)

INCLUDE A COMPLETED (AND SIGNED BY TAX COLLECTOR) TAX COMPLIANCE CERTIFICATE

PROVIDE A SELF ADDRESSED STAMPED ENVELOPE FOR THE PERMIT TO BE MAILED

**FOR RESIDENTIAL ROOFTOP SOLAR APPLICATIONS (WITH OR WITHOUT BATTERY STORAGE) MUST
COMPLETE AND SUBMIT THE APPLICATION FOR PHOTOVOLTAIC PLAN REVIEW**

IF ANY OF THIS INFORMATION IS MISSING IT COULD CAUSE A DELAY IN GETTING YOUR BUILDING
PERMIT. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE

THANK YOU

BUILDING DEPARTMENT

978-249-1736

TOWN OF PHILLIPSTON
BUILDING DEPARTMENT
978-249-1736

INSPECTION SCHEDULE

- ❖ Sono Tube.... after sono tube is in place, before placement of concrete. ½" anchor bolts extend a minimum of 8" into concrete.

OR

- ❖ FOUNDATION....

- After excavation, prior to footing pour.
- After concrete is poured before back filling, to include:
 - Ties off
 - Holes filled
 - Damp proofing or water proofing
 - Drainage system

- ❖ FRAMING.... After framing is complete, before insulating, to include:

*** Sign offs for plumbing and electrical rough inspections are needed prior to framing inspection***

- ❖ INSULATION inspections
- ❖ FINAL inspection... Building Department inspection after sign-off's from all other departments are required.

**Upon completion of the project
The building permit must be returned to Building Department**

Warning

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

- You are now **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Mass. Bldg. Codes.
- You **must** supervise all work.
- You **must** call the Bldg. Dept. to **schedule all required inspections**.
- You have **waived** all rights to the Mass. Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you do not carry Workmen's Compensation Insurance.
- Failure to carry Workmen's Compensation insurance may results in criminal penalties, i.e. fines and/or imprisonment.

This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities.

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' Compensation for their employees. As quoted from the "law", an **employee** is defined as every person in service of another under contract of hire; 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 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.

I have read and understand the above information.

Signature: _____ Date _____



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

FOR
MUNICIPALITY
USE
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.) _____	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"



PHILLIPSTON FIRE DEPARTMENT

Jeffrey Parker, Fire Chief
90 State Road
Phillipston, MA 01331

Phone: (978) 249-6302 Fax: (978) 249-8012
Email: fire@phillipston-ma.gov

APPLICATION FOR PHOTOVOLTAIC PLAN REVIEW

On December 9th, 2022 Massachusetts adopted NFPA 1, 2021 Edition, with Massachusetts Amendments. There were significant changes made to Chapters 11 and 52 regarding Photovoltaic (PV) systems both with and without batter storage. ALL PV systems permitted after 12/9/22 shall follow this code and are to be reviewed by the AHJ of the Fire Department before installation.

Installation Address: _____

Company Installing System: _____

Company Address: _____

Project Supervisor: _____ Phone & Email: _____

Description of work to be done: _____

Setback dimensions listed on plan?: Y ____ N ____ Estimated project timeframe: _____

Does the building contain sprinklers?: Y ____ N ____

*Does the installation include a battery storage system?: Y ____ N ____

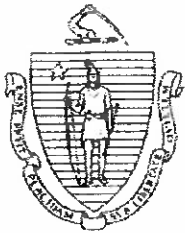
Plan Review and Inspection Fee: \$25.00 (made payable to Town of Phillipston)

Applicant Signature: _____ Date: _____

Fire Department Approval: _____ Date: _____

*If the installation includes a battery storage system, an FP-6 (standard fire department permit) must be filled out also and sent into the fire department with a check for \$25 made payable to the Town of Phillipston.

THIS FORM TO BE RETURNED TO THE PHILLIPSTON BUILDING DEPARTMENT



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 #: _____

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

**TAX COMPLIANCE CERTIFICATE**

TAX COLLECTOR OFFICE

Rev. (7-18)

INSTRUCTIONS: Phillipston town Bylaws require that applicants must be current on their taxes and municipal charges to obtain a local permit or license. Submit this form to the Tax Collector for certification. Then submit the form to the appropriate department(s) with your permit or license application(s).

Property Owner Name(s)			Date
Property Address	Town Phillipston	State MA	Zip 01331
Contractor Name			
Contractor Address	Town	State	Zip
Phone Number	Email		
Nature of proposed work			

FOR TAX COLLECTOR USE ONLY	
The referenced property is <input type="checkbox"/> current <input type="checkbox"/> not current on municipal taxes and charges.	
If not current, amounts owed and nature of charges	
Date	Signature of Tax Collector



TOWN OF PHILLIPSTON
Inspector of Buildings
50 The Common
Phillipston, MA 01331
Phone: (978)249-1736
Fax: (978)249-3356

DEBRIS DISPOSAL AFFIDAVIT

In accordance with Chapter 40, Section 54, towns are required to issue a building permit for the new construction, demolition, renovation, rehabilitation or other alteration of a building or structure. This is to assure that the debris resulting the above will be disposed of in a properly licensed solid waste facility, as defined by Section 150 (A) of Chapter 111.

The debris from construction work being performed at:

(Please print house number and street name)

Is to be disposed of at:

(Please print name and location of facility)

Or will be disposed of in a dumpster on-site rented or leased from:

(Company Name & Address)

Signature of Permit Applicant or Owner

Date

Temporary disposal permits may be obtained by out of town contractors by bringing a copy of the building permit to the Phillipston Board of Health. Construction debris will not be accepted by the Phillipston Board of Health.

If for any reason, debris will not be disposed of as indicated, the Applicant or Owner shall notify the Building Department as to the location where the debris will be disposed.

M.G.L., Chapter 40, Section 54:

Every city or town shall require, as a condition of issuing a building permit or license for the demolition, renovation, rehabilitation, or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation, or other alteration be disposed of in a properly licensed solid waste disposal facility, as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris will be disposed. The issuing authority shall amend the permit or license to so indicate.



TOWN OF PHILLIPSTON
Inspector of Buildings
50 The Common
Phillipston, MA 01331
Phone: (978)249-1736
Fax: (978)249-3356

DEMOLITION PERMIT SIGN-OFF
(Supplement to permit application)

The sixth edition of the Massachusetts State Building Code, 780 CMR, states in part: "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 connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner."

I, _____, hereby supply the following releases as part of the application for a permit to demolish the structure located at _____ and shown on the Assessors' maps of _____ as being on Map# _____ Lot# _____

If not applicable, write n/a

Utility to be notified:

Notice Received By:

Date Received:

Gas

Telephone

Electric

Board of Health

Fire Department

Department of Labor & Industries
(asbestos/lead)

Other

Demolition debris hauler:

Location of licensed

Demolition debris landfill:

Signature of Applicant

Date

Signature of Owner

Date

Return this sheet with Commercial Permit Application

Town of Phillipston Building Department Sign off Sheet

Property Owners Name(s) _____

Property Address _____

Property Owners Phone # _____

Contractors Name _____

Contractors Address _____

Contractors Phone# _____

Nature of proposed work _____

☐ Zoning X _____ Date _____

☐ Planning X _____ Date _____

☐ Conservation X _____ Date _____

☐ Board of Health X _____ Date _____

☐ Assessors X _____ Date _____

Assigned House number (_____)

☐ Tax Collector X _____ Date _____

☐ Fire Department X _____ Date _____

Tax Compliance certificate sheet:

taxes are current/Not current on municipal taxes and charges

If not current then the amount owed and charges are: _____.

From FY2023 estimated annual revenues for Open Space Reserve.....\$11,406 (10%)
From FY2023 estimated annual revenues for Budgeted Reserve.....\$79,244 (10%)

Appropriations:

From FY2023 estimated annual revenues for Committee administrative expenses.....\$500

Motion made to move the article as written, 2nd - So Voted Unanimously

Bylaw Articles

ARTICLE 30:

To see if the Town will vote to amend the Town of Phillipston Town Bylaws by adding the following Section 7 to Article VIII, Highways, or act in relation thereto.

Town of Phillipston Bylaws

Article VIII – Highway

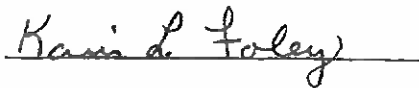
Section 7. Road Damage

Section 7. No person shall unload any construction or heavy equipment in a public way without adequate protection to the existing road surface. Any individual or business causing damage to the public way by such action shall be assessed a penalty in the amount of \$300.00, with each day that the violation continues considered a separate offense, and shall be responsible for the repair of said damage to the satisfaction of the Highway Department Superintendent.

**Motion made to move the article as written deleting the words “or act in relation thereto”, 2nd
So Voted Unanimously**

**Motion made to dissolve the Annual Town Meeting of May 4, 2022, at 7:43 pm, 2nd
So Voted Unanimously**

A TRUE COPY ATTEST



Karin L. Foley - Town Clerk

810615/PHIL/0001



FINAL POSTED - ATM Warrant FY23 May 4 2022.docx

RECEIVED
AUG 03 2022

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