

## 780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS (APPENDIX 120.P)

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 8 <sup>th</sup> edition				FOR MUNICIPALITY USE (revised 01/20/2015)	
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING					
This Section For Official Use Only					
Building Permit Number: _____			Date Applied: _____		
Signature: _____ <div style="display: flex; justify-content: space-between;"> <span>Building Commissioner/ Inspector of Buildings</span> <span>Date</span> </div>					
<b>SECTION 1 – SITE INFORMATION</b>					
1.1 Property Address:			1.2 Assessors Map & Parcel Numbers		
1.1a Is this an accepted city/town street: yes ___ no ___			Map Number _____		Parcel Number _____
1.3 Zoning Information:			1.4 Property Dimensions:		
Zoning District _____		Proposed Use _____	Lot Area (sf) _____		Frontage (ft) _____
Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
50'		15'		15'	
1.7 Water Supply (M.G.L c. 40. § 5-4 Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: ___ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage: Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	
<b>SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT</b>					
2.1 Owner of Record:					
Name (Print) _____		Address for Service: Street _____		City/Town _____	State _____
Signature _____		Telephone _____		Zip Code _____	
2.1 (a) Is this a new or existing owner occupied one or two family? Yes <input type="checkbox"/> No <input type="checkbox"/> 2.1(b) Number of Units _____					
2.2 Authorized Agent:					
Name (Print) _____		Authorized Agent: Street _____		City/Town _____	State _____
Signature _____		Telephone No. for Authorized Agent _____		Zip Code _____	
<b>SECTION 3: CONSTRUCTION SERVICES</b>					
3.1 Licensed Construction Supervisor					
Licensed Construction Supervisor _____				License Number _____	
Address _____		City/Town _____	State _____	Restriction Code _____	
Signature _____		Telephone _____		Expiration Date _____	
3.2 Registered Home Improvement Contractor					
Company Name _____				Registration Number _____	
Address _____		City/Town _____	State _____	Expiration Date _____	
Signature _____		Telephone _____			

**SECTION 4 – 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 5 – DESCRIPTION OF PROPOSED WORK (check all applicable)**

New Construction ☐    Existing Building ☐    Repairs(s) ☐    Alteration(s) ☐    Addition ☐  
 Accessory Bldg. ☐    Demolition ☐    Historic Preservation ☐    Other ☐ Specify: \_\_\_\_\_

Brief Description of Proposed Work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL ALL FLOORS (Sq. Ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)  
 GROSS LIVING AREA (Sq. Ft.) \_\_\_\_\_ HABITABLE ROOM COUNT \_\_\_\_\_  
 NUMBER OF FIREPLACE \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_  
 NUMBER OF BATHROOMS \_\_\_\_\_ NUMBER OF HALF/BATHS \_\_\_\_\_  
 NUMBER OF DECKS/ PORCHES \_\_\_\_\_ ENCLOSED \_\_\_\_\_ OPEN \_\_\_\_\_  
 HEATING/COOLING \_\_\_\_\_ TYPE \_\_\_\_\_

**SECTION 6 – ESTIMATED CONSTRUCTION COSTS**

*Note: Fees are non-refundable*

Item	Estimated Costs (Dollars) to include both labor and materials.	Official Use Only ( N/I means not included)
1. Building	\$ _____	1. Building Permit Fee: \$ _____
2. Electrical	\$ _____	2. Electrical Permit Fee : \$ _____
3. Gas	\$ _____	3. Gas Permit Fee: \$ _____
4. Plumbing	\$ _____	4. Plumbing Permit Fee: \$ _____
5. Mechanical (HVAC, Fireplace, stoves, chimney, power vent)	\$ _____	5. Mechanical Permit Fee: \$ _____
6. Mechanical (Fire Suppression)	\$ _____	TOTAL ALL FEES: \$ _____
7. TOTAL PROJECT COST:	\$ _____	Check Number: _____ Cash: _____

**Section 7a OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNERS 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 OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner/ 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 / Agent  
 (Signed under the pains and penalties of perjury)

Date \_\_\_\_\_

**Owners please read before signing: OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.**





**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 an 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 #: \_\_\_\_\_

Permit # \_\_\_\_\_

**TOWN OF BERKLEY**

**Waste Disposal**

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

In accordance with the provisions of MGL c. 40, S 54, a condition of the Building Permit 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

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## FORM T TAX INFORMATION

Applicant should complete items 1 to 6. Please print.  
This form must be signed by Tax Collector

\_\_\_\_\_  
(1) Address of Property

\_\_\_\_\_  
(2) Assessors' Map #      Lot #

\_\_\_\_\_  
(3) Name of Applicant

\_\_\_\_\_  
(4) Address of Applicant

\_\_\_\_\_  
(5) Name of Owner of Property, if same as applicant write same

\_\_\_\_\_  
(6) Address of Property Owner, if same as applicant write same

\_\_\_\_\_  
I certify that the applicant listed above has No outstanding tax due the Town of Berkley for ANY property owned or jointly owned by the Applicant. I also certify that the Owner of the property listed has no outstanding tax due the Town of Berkley.

\_\_\_\_\_  
Tax Collector, Town of Berkley

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Departmental Use Only