

Town of Chesterfield Massachusetts

Building Department

**APPLICATION - PERMIT TO ALTER, REPAIR, ADD TO OR DEMOLISH
ONE OR TWO FAMILY HOME OR TO CONSTRUCT OUTBUILDING**

READ THIS FIRST!

Even the smallest building projects must meet State and local laws and regulations. This application must be completed by someone familiar with these requirements.

All applications for building permits must include:

- All application forms must be filled out COMPLETELY
- All applications must be signed by the PROPERTY OWNER
- Workers' Compensation Affidavit must be completed
- Sign off from Town Board of Health if new bedroom is being created
(John Chandler – 413-695-1055)
- EITHER: - The *Homeowner License Exemption* signed by homeowner
OR - A photocopy of the responsible contractor's *Construction Supervisor's License AND HIC Registration*

If permit is for any new building or any addition to an existing building:

- Including sheds, garages, decks, porches and replacements of existing structures
- Two sets of plans - clearly drawn & to scale (Floor plan, elevations & framing sections)
In some cases, plans may also be required for interior renovations
 - Energy code compliance – evidence that the project will comply with the Stretch Energy Code
 - Site plan - showing all dimensions to proposed work from all boundaries, location of well and septic system, driveway, other structures on lot and any wetlands
 - Sign off from Conservation Commission that they have reviewed project
(John Follet – 413-634-0221)

PERMIT FEE: ENCLOSE NO FEE WITH APPLICATION - FEE WILL BE ASSESSED
DURING APPLICATION REVIEW, AND BILLED UPON ISSUANCE OF PERMIT

Completed applications may be submitted during office hours, or mailed to:

Chesterfield Building Department
P.O. Box 175
Chesterfield, MA 01012
Phone: (413) -296-0127

Office Hours:

422 Main Road: Monday Evenings 7:00 – 8:30 PM

.....**FOLLOWING IS A THREE PAGE APPLICATION.....**
ALL INFORMATION IS REQUIRED

Incomplete, erroneous or illegible applications will be returned, delaying the permit process

APPLICATION FOR PERMIT TO ALTER, REPAIR, ADD TO OR DEMOLISH One or Two Family Residence or Outbuilding

Town of Chesterfield

Map/Parcel: _____ / _____ Fee: _____ Permit # _____ Date: _____

Check one:

___ Renovation ___ Addition ___ Outbuilding ___ Demolition ___ Pool ___ Other

Briefly describe work to be done: _____

Dimensions: _____ Square footage: _____

Dimensions of new living space: _____ Square footage: _____

Cost of proposed work: \$ _____ Will any work be done within 200 feet of any wetland? _____

Location of work (Street and Number): _____

Owner's name: _____ Phone # _____

Owner's MAILING address: _____ Zip: _____

Contractor's name: _____ Phone # _____

Contractor's MAILING address: _____ Zip: _____

(Photocopy of contractor's Mass. C. S. License and HIC registration must be included with application)

CSL # _____ Exp. _____ HIC # _____ Exp. _____

For new buildings or additions to existing buildings give the distance to lot lines as viewed from street:

Front: _____ Left: _____ Right: _____ Rear: _____

Lot Size: _____ Acres Road Frontage: _____ Feet

In accordance with the provisions of MGL c.40, § 54, a condition of a Building Permit is that any debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150a.

The debris will be disposed of in _____
(location of facility)

SIGNATURES OF LOCAL COMPLIANCE

The following have reviewed this application and approve relative to their areas of jurisdiction

Conservation Commission _____

(Required for any new construction)

Board of Health _____

(Required for added bedroom)

COMPLETE ONLY ONE OF THE FOLLOWING BOXES:

EITHER:

Agent Authorization – To be completed when a **licensed contractor** applies for building permit

I, _____, as owner of the subject property hereby authorize
(print Owner's name)
_____, to act on my behalf in all matters relative to
(print Licensed Contractor's name) this permit application

Signature of Owner: _____

Signature of Licensed Contractor: _____

OR:

Homeowner license exemption – To be completed when **homeowner** acts as general contractor

Definition of a homeowner: (legal definition per Mass. State Building Code)

*"Person 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."*

NOTE: Rental properties or those occupied by others do not qualify!

I, _____ verify that I qualify as a homeowner as defined above, and wish to apply for a building permit in my own name. I will take full responsibility for all duties of the general contractor, including, but not limited to understanding the requirements of the Mass. State Building Code, arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code and the Town of Chesterfield Zoning Bylaw. I shall further be responsible for all subcontractors working on the job. I understand that I am not eligible to access the guarantee fund established by the Home Improvement Contractor Registration Law.

As General Contractor, I shall be solely responsible for the oversight and completion of the project.

Signature: _____ Date: _____

The Building Department must be notified immediately of any changes to the above information or other documents on file.

NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION

(If you are a homeowner, wishing to act as your own general contractor, check the box which says "I am a homeowner doing the work myself", sign and date.



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

Print Form

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 (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____