

## TOWN OF BERKLEY BUILDING DEPARTMENT

### NEW HOME CHECKLIST

When applying for building permits, please use the checklist below to make certain that you have all the necessary pieces of information for processing your application.

Submit only a complete set of documents in order to avoid delay. Incomplete applications will be set aside in favor of complete applications. The law requires that you receive a response to your application within thirty (30) days of receipt by the Building official. Permit fee is due at time of issuing permit.

#### Information required with each application:

- Check list.
- Signed application (complete all sections)
- Construction Supervisor's License, Home Improvement Contractor's License and Driver's License must be presented at time of application.
- Workers' Compensation Insurance Affidavit OR Proof of Workmen's Compensation and Liability Insurance.
- Assessor's Property Address Verification (on both application and Form T) Signed by the Tax Collector.
- Copy of Deed showing owner of record. Deed must be stamped and dated as received for recording by the Registry of Deeds.
- Lot Release from Planning Board, where applicable.
- Conservation Commission signed approval of site regarding wetlands requirements.
- Well Installation Permit with Board of Health approval (Yellow copy, signed by Board of Health).
- Water Quantity and Quality test report. Must be accompanied by an explanation of the EPA minimum standards for all elements tested.
- On site Sewage Disposal Works Permit (Yellow copy, signed by Board of Health).
- Sewage Design Plans by a registered professional engineer. Must have original signature using colored ink. Plans must be on white, size C (17" or 25") or smaller.
- Certified Plot Plan by a registered land surveyor, black on white, size C or smaller with original signature using colored ink. (Provide validation of lot creation (Form A) and/or subdivision plans as recorded in the Registry of Deeds along with title and zoning by law history.)
- Energy Computations – RES CHECK.
- Fireplace Construction Design Specifications (Town of Berkley form).
- Building Plans – two (2) copies, black on white, at least one plan 11x17 with Fire Department approval of Smoke Detector locations in red ink. Plans must show front, sides and rear elevations, cross-section of frame and foundation details, and detailed deck/porch plans when applicable. All design changes must be in Red Ink and initialed.
- Trust, LVL, and Steel Beams shall have engineer's stamp on plans.

The Building Department reserves the right to request additional information if needed, including, but not limited to, DEP Order of Conditions & File #, Flood Plain Elevation Certificate, Railroad ROW Release from Office of Transportation, Land Alteration sign off from Soil Commission.

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				License Number _____	
Licensed Construction Supervisor _____				Restriction Code _____	
Address _____		City/Town _____		State _____ Zip Code _____	
Signature _____		Expiration Date _____			
3.2 Registered Home Improvement Contractor				Registration Number _____	
Company Name _____				Expiration Date _____	
Address _____		City/Town _____		State _____ Zip Code _____	
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 \_\_\_\_\_

Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**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 attach 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 #: \_\_\_\_\_



## 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

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



# TOWN OF BERKLEY

MASSACHUSETTS  
BUILDING DEPARTMENT

## BUILDING PERMIT APPLICATION SOIL INFORMATION ADDENDUM

Applicant Name: \_\_\_\_\_

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

Date of Building Permit Application: \_\_\_\_\_

Please be advised that under Section 12 of the Town of Berkley Bylaws, an Earth Alteration Permit from the Soil Conservation Board may be required to assure that proposed operations will be conducted in a manner that is consistent with land use objectives of the Town of Berkley. Please complete the following to determine the applicability of the Soil Conservation Bylaw and the necessity of an Earth Alteration Permit.

### **1. Definitions: Alteration** (Article 12, §2)

Please check all boxes that apply:

- ☐ Removal of earth from the site
- ☐ Deposit of earth to a site
- ☐ Physical changing of contours of earth, by more than two (2) feet, on a site

### **2. Exemptions** (Article 12, §5)

You may qualify for an exemption from the required Earth Alteration Permit if any of the following apply:

- ☐ Excavation is incidental to the construction of:
  - ☐ Foundation of Buildings
  - ☐ Walkways
  - ☐ Driveways
  - ☐ Septic Systems
  - ☐ Swimming Pools
- ☐ Alteration of earth in the ordinary and customary agricultural, horticultural or floricultural use of land. (NOTE: excavation in the building of farm ponds and

excavations that will result in lowering or raising of an existing elevation by more than two (2) feet does not qualify as normal and customary and, unless otherwise exempt, will require an Earth Alteration Permit)

- ☐ Excavation and/or alterations made to complete the construction of ways or the installation of drainage and municipal services pursuant to a definitive Subdivision Plan (NOTE: definitive Subdivision Plan must have already been approved by the Berkley Planning Board under the Subdivision Control Law; further, such excavation and/or alterations that involve lowering or raising existing elevations by more than two (2) feet nevertheless will require an Earth Alteration Permit)

### **3. Determination**

Pursuant to the above terms, an Earth Alteration Permit is required:

- ☐ YES\*
- ☐ NO

Understood and Acknowledged: \_\_\_\_\_  
Applicant Signature & Date

\*If it is determined that an Earth Alteration Permit is required, please contact the Soil Conservation Board via the Town Administrator's Office to initiate the application process. You are also advised to review Section 12 of the Town of Berkley Bylaws for application requirements, performance specifications and other related information.

#### **SOIL CONSERVATION BOARD**

Email: [Selectmen@berkleyma.us](mailto:Selectmen@berkleyma.us) & [Selectmen.clerk@berkleyma.us](mailto:Selectmen.clerk@berkleyma.us)

Phone: 508-824-6794

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