

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 8 th 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: _____ Building Commissioner/ Inspector of Buildings Date					
SECTION 1 – SITE INFORMATION					
1.1 Property Address: _____ 1.1a Is this an accepted city/town 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 (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 ☐ Private ☐		1.5 Flood Zone Information: Zone: ___ Outside Flood Zone ☐		1.8 Sewage: Disposal System: Municipal ☐ On site disposal system ☐	
SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT					
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 ☐ No ☐ 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 _____	
SECTION 3: CONSTRUCTION SERVICES					
3.1 Licensed Construction Supervisor				License Number _____ Restriction Code _____	
Licensed Construction Supervisor _____ Address _____ City/Town _____ State _____ Zip Code _____ Signature _____ Telephone _____				Expiration Date _____	
3.2 Registered Home Improvement Contractor				Registration Number _____	
Company Name _____ Address _____ City/Town _____ State _____ Zip Code _____ Signature _____ Telephone _____				Expiration Date _____	

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 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

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
1 North Main Street
Berkley, MA 02779

Conservation Commission Permit Sign Off
Office Hours: Wednesday 7:00 – 8:00 pm

Name: _____ Proposed work: _____
Address: _____

Phone: _____

Conservation: 508-828-2682

Approved	Rejected
Conservation Signature _____ Date _____	
Comments: _____ _____ _____	

Proceed to Board of Health: Yes No

Board of Health: 508-822-7828

Approved	Rejected
Board of Health Signature _____ Date _____	
Comments: _____ _____ _____	