The Commonwealth of Massachusetts
Town of Huntington
Massachusetts State Building Code (780 CMR) Ninth Edition
Building Permit Application for any Building other than a One or Two-Family Dwelling

This Section for Official Use Only

Building Permit Number:  Date Applied:  Building Inspector:

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street  Map / Lot  Zoning District / Use

SECTION 2: PROPOSED WORK

If New Construction check here or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 1)

Change of Use  Change of Occupancy  Other  Specify:

Are building plans and/or construction documents being supplied as part of this permit application?  Yes  No

Is an Independent Structural Engineering Peer Review required?  Yes  No

Brief Description of Proposed Work:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See IEBC 105.1)

Existing Use Group(s):  Proposed Use Group(s):

SECTION 4: BUILDING HEIGHT AND AREA

No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)

Total Area (sq. ft.) and Total Height (ft.)

SECTION 5: USE GROUP (Check as applicable)

A: Assembly  A-1  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational


I: Institutional  I-1  I-2  I-3  I-4  M: Mercantile  R: Residential  R-1  R-2  R-3  R-4

S: Storage  S-1  S-2  U: Utility

Special Use and please describe below:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIA  IIB  IV  VA  VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply:  Public  Private

Flood Zone Information:  Check if outside Flood Zone or identify Zone:

Sewage Disposal:  Indicate municipal or on site system

Trench Permit:  A trench will not be required or trench permit is enclosed

Debris Removal:  Licensed Disposal Site?  or specify:

Railroad right-of-way:  Not Applicable or Consent to Build enclosed

Hazards to Air Navigation:  Is Structure within airport approach area?  Yes  No


Is their review completed?  Yes  No  NA

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code:  _____ Use Group(s):  _____ Type of Construction:  _____ Occupant Load per Floor:  _____

Does the building contain an Sprinkler System?:  Yes  No  Special Stipulations:
SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (print) ______________________________________ No. and Street __________________________ City/Town ___________ Zip Code ______

Contact Information

Name (print) ________________________ Title ___________________ Telephone Number ___________ e-mail address ____________________

If applicable, the property owner hereby authorizes

Name __________________________ Street Address __________________________ City/Town ___________ State ______ Zip Code ______
to act on the property owner’s behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here [ ] and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant) __________________________ Telephone Number _______ e-mail address ____________________ Registration Number ___________

Street Address __________________________ City/Town _______ State _______ Discipline ______ Expiration Date ______

10.2 General Contractor

Company Name __________________________

Name of Person Responsible for Construction __________________________ License No. and Type if Applicable _________________________

Street Address __________________________ City/Town _______ State _______ Zip Code ______

Business Phone _______ Cell Phone _______ e-mail address ____________________

SECTION 11: WORKERS’ COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))


A Workers’ Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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. Is a signed Affidavit submitted with this application? Yes [ ] No [ ]

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Total Construction Cost (from Item 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>Building Permit Fee __________________</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>Total Construction Cost X .006 = $________</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>Minimum Fee is $50.00</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>Enclose check payable to The Town of Huntington</td>
</tr>
<tr>
<td>5. Mechanical (Other)</td>
<td>$</td>
<td>write check number here __________</td>
</tr>
<tr>
<td>6. Total Cost</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

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 Name and Sign __________________________ Telephone ___________ Date ______

Title __________________________ Street Address __________________________
City/Town ___________ State ______ Zip Code ______

Building Inspector approval:

Name __________________________ Date ______
The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/ Plumbers
Applicant Information

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 general contractor and I have hired the sub-contractors listed on the attached sheet. These subcontractors have employees and have workers' comp. insurance.‡
5. □ 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):

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 attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the subcontractors 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: HUNTINGTON Permit/License #

Issuing Authority: Building Department

Contact Person:
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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 4-24-07
TOWN OF HUNTINGTON
BUILDING INSPECTION DEPARTMENT

Construction Debris Affidavit

In accordance with the provisions of M.G.L. c. 40 § 54 all debris resulting from any work covered by a Building Permit shall be disposed of in a properly licensed disposal facility, as defined by M.G.L. c. 111 § 150A.

Address of work: ______________________________________

The debris will be transported by: ____________________________

The debris will be received at: _____________________________

________________________________________
Signature of Permit Applicant

________________________________________
Date

Building Permit Number: ________________________________

P.O. Box 430, Huntington, Massachusetts 01050
Appendix 1

For the demolition of structures, the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

780 CMR 3303 DEMOLITION

3303.6 Utility connections. Service utility connections shall be disconnected and capped in accordance with the approved rules and the requirements of the governing authority.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

___________________________________________________________  /  
No. and Street  Map  Lot

For the above described property the following action was taken:

Water Shut Off?  Yes [ ] No [ ]  Provider notified, and Release obtained?  Yes [ ] No [ ]
Gas Shut Off?  Yes [ ] No [ ]  Provider notified, and Release obtained?  Yes [ ] No [ ]
Electricity Shut Off?  Yes [ ] No [ ]  Provider notified and Release obtained?  Yes [ ] No [ ]
DCD / Historical  Yes [ ] No [ ]  Provider notified and Release obtained?  Yes [ ] No [ ]

The Debris will be transported by: __________________________________________

The Debris will be received by: __________________________________________

________________________________________
Signature of applicant

________________________________________
Date
Town of Huntington Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Submitted</th>
<th>Incomplete</th>
<th>Not Required</th>
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<tbody>
<tr>
<td>1</td>
<td>Architectural</td>
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<td></td>
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<tr>
<td>2</td>
<td>Foundation</td>
<td></td>
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<tr>
<td>3</td>
<td>Structural</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Fire Suppression</td>
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<tr>
<td>5</td>
<td>Fire Alarm (may require repeaters)</td>
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<tr>
<td>6</td>
<td>HVAC</td>
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<tr>
<td>7</td>
<td>Electrical</td>
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<tr>
<td>8</td>
<td>Plumbing (include local connections)</td>
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<tr>
<td>9</td>
<td>Gas (Natural, Propane, Medical or other)</td>
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<tr>
<td>10</td>
<td>Surveyed Site Plan (Utilities, Wetland, etc.)</td>
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<tr>
<td>11</td>
<td>Specifications</td>
<td></td>
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<tr>
<td>12</td>
<td>Structural Peer Review</td>
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<tr>
<td>13</td>
<td>Structural Tests &amp; Inspections Program</td>
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<tr>
<td>14</td>
<td>Fire Protection Narrative Report</td>
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<tr>
<td>15</td>
<td>Existing Building Survey/Investigation</td>
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<tr>
<td>16</td>
<td>Energy Conservation Report</td>
<td></td>
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<tr>
<td>17</td>
<td>Architectural Access Review (521 CMR)</td>
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<tr>
<td>18</td>
<td>Workers Compensation Insurance</td>
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<tr>
<td>19</td>
<td>Hazardous Material Mitigation Documentation</td>
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<td>20</td>
<td>Other (Specify)</td>
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<tr>
<td>21</td>
<td>Other (Specify)</td>
<td></td>
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</tr>
<tr>
<td>22</td>
<td>Other (Specify)</td>
<td></td>
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</tr>
</tbody>
</table>

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to triple the original permit fee.

Registered Professional Contact Information

<table>
<thead>
<tr>
<th>Name (Registrant)</th>
<th>- - x</th>
<th>Telephone Number</th>
<th>e-mail address</th>
<th>Registration No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
<td>City/Town</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Name (Registrant)</td>
<td>- - x</td>
<td>Telephone Number</td>
<td>e-mail address</td>
<td>Registration Number</td>
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