

## **BUILDING PERMIT APPLICATION**

Applications must be completed by the Homeowner or his/her licensed professional. Forms must be thoroughly and accurately completed. Accuracy and completeness may directly affect the time required to process the application.

**\*\*ALL forms need to be completed\*\***

**\*\*Homeowner License Exemption Form and the Town of Chatham Affidavit should only be filled out if Homeowner is pulling their own permit.\*\***

Please do not hesitate to contact our office if you have any questions or would like to have a hard copy application mailed to you.

### **Community Development Department**

Building Division

261 George Ryder Road

Chatham, Ma 02633

508-945-5160



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

FOR  
MUNICIPALITY  
USE

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**

1.1a Is this an accepted 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 (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**1.6 Water Supply:** (M.G.L c. 40, §54)

Public  Private

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes

**1.8 Sewage Disposal System:**

Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Description of All Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Deposit Received \$ _____
2. Electrical	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due
3. Plumbing	\$ _____	Total Outstanding Balance Paid \$ _____
4. Mechanical (HVAC)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____
5. Mechanical (Fire Suppression)	\$ _____	Other Fees: \$ _____
6. Total Project Cost:	\$ _____	Total All Fees: \$ _____

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

HIC Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Email address \_\_\_\_\_

**SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S 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.

Printed Owner's Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

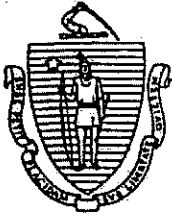
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**

- An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)
- When substantial work is planned, provide the information below:
 

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____
- "Total Project Square Footage" may be substituted for "Total Project Cost"



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** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an 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>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____



# TOWN OF CHATHAM BUILDING PERMIT



Permit # \_\_\_\_\_ Issue Date: \_\_\_\_\_ TOTAL PROJECT COST: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

BOARD APPROVALS RECEIVED: ZONING  PLANNING  HBDC  CHC  CONSERVATION  HEALTH

\*BOARD APPROVALS RECEIVED - PLEASE ATTACH APPROVED / RECORDED COPIES\*

PERMISSION IS HEREBY GRANTED TO: BUILD  ADD  ALTER  DEMOLISH  MOVE

PROJECT LOCATION AND PARCEL ID, IF VACANT LAND	BSMT. FIN / UNFIN. SF AFFECTED AREA	GENERAL CONTRACTOR
NAME OF PROPERTY OWNER	1 <sup>ST</sup> FLOOR / SF - AFFECTED AREA	EXCAVATOR / SITE WORK
PROPERTY OWNER PERMANENT ADDRESS	2 <sup>ND</sup> FLOOR / SF - AFFECTED AREA	FRAMING CONTRACTOR
CITY, STATE, ZIP	GARAGE / SF - AFFECTED AREA	ELECTRICIAN / LOW VOLTAGE / ALARM
SPECIFIC TYPE OF WORK TO BE DONE	DECK & PORCHES / SF - AFFECTED AREA	PLUMBING / GAS

As a result of the provisions of MOL c 40, § 54, I acknowledge that as a condition of Building Permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c III, § 150A. I certify that I will notify the Building Official by (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

The debris will be disposed at: \_\_\_\_\_ (Location of the Facility)

I hereby agree to conform to all the rules and regulations of CMR 780 and the Town of Chatham regarding the above Construction.

_____ SIGNATURE OF PERMIT APPLICANT	_____ DATE	_____ SIGNATURE OF BUILDING OFFICIAL	_____ APPROVED DATE
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Town Of Chatham  
Department of  
Community Development



TOWN ANNEX 261 GEORGE RYDER ROAD 02633 CHATHAM, MA

TELEPHONE (508) 945-5160

FAX (508) 945-5163

## HOMEOWNER LICENSE EXEMPTION

JOB LOCATION: \_\_\_\_\_

HOMEOWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

The current exemption for "homeowners" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license provided that the owner acts as supervisor.

### Definition of "Homeowner":

- Person(s) who owns/own 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 structure(s).
- A person who constructs more than one home in a two year period shall not be considered a homeowner.

The undersigned Homeowner understands the requirements and assumes responsibility for compliance with the *Massachusetts State Building Code 780 CMR* and other applicable codes, ordinances, by-laws, rules and regulations, and the requirements of *Massachusetts General Laws Chapter 152, Section 25C (Workman's Compensation)*.

The undersigned homeowner certifies that he/she understands the Town of Chatham building inspection procedures and that he/she will comply with said procedures.

### NOTE:

**OWNERS PULLING THEIR OWN BUILDING PERMIT OR DEALING WITH UNREGISTERED AND UNLICENSED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.**

HOMEOWNER SIGNATURE: \_\_\_\_\_

BUILDING OFFICIAL APPROVAL: \_\_\_\_\_

# TOWN OF CHATHAM AFFIDAVIT

## HOME IMPROVEMENT CONTRACTOR LAW

SUPPLEMENT TO PERMIT APPLICATION

TYPE OF WORK: \_\_\_\_\_ EST. COST: \_\_\_\_\_

ADDRESS OF WORK: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT HIC REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASON(S):

- Work excluded by law
- Job under \$1000
- Building not owner occupied
- Owner Pulling Own Permit
- Other (specify) \_\_\_\_\_

**NOTE:**

**OWNERS PULLING THEIR OWN BUILDING PERMIT OR DEALING WITH UNREGISTERED AND UNLICENSED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.**

SIGNED UNDER PENALTIES OF PERJURY:

I HEREBY APPLY FOR A PERMIT AS THE AGENT OF THE OWNER:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REGISTRATION NO.

**OR:**

NOT WITHSTANDING THE ABOVE NOTICE, I HEREBY APPLY FOR A PERMIT AS THE OWNER OF THE ABOVE PROPERTY:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE



# BUILDING PERMIT APPLICATION CHECKLIST

## NEW CONSTRUCTION

### REQUIRED DOCUMENTS

1. (3) Sets of plans\*, including framing detail for all construction (including decks, porches, etc.) Stamped by Registered Professional, (Architect or Engineer), or accompanied by the Massachusetts Checklist for Compliance.

**\*One large set and two (2) 11x17**

***FLOOR PLANS SHALL INCLUDE LOCATION OF ALL REQUIRED FIRE PROTECTION SYSTEMS AND HEATING SYSTEMS STORAGE AREAS***

2. (1) Site Plan (drawn and stamped by surveyor) Location of existing and proposed driveway must be shown on site plan (If driveway is being relocated). (2) Erosion Control Plan to be included for all new construction.
3. Curb Cut Permit  
Town Road – Issued by Highway Dept  
State Road – Issued by Mass DPW  
Private Road – No curb cut required
4. Septic Permit – Issued by Health Dept (Or memo from Water Dept if on Town Sewer)
5. **RECORDED COPY** of Special Permit or Variance from Zoning Board of Appeals or Planning Board Statement of Conditions (if applicable)
6. **RECORDED COPY** of Conservation Commission Order of Conditions or copy of Negative Determination documents (if applicable). Any construction within 100 ft of a Conservancy District is under the jurisdiction of the Conservation Commission.
7. Energy Calculation (2015 IECC ResCheck, signed) Include # Square Feet, Window Rating, and U-factor.
8. Massachusetts Checklist for Compliance (780 CMR R301.2.1.1)
9. Separate Door and Window Schedule (unless listed separately on plans)
10. Copy of MA Construction Supervisor's License, Home Improvement Contractor Registration, or Homeowner's Exemption Certificate and Affidavit filled out and signed by Homeowner.
11. Copy of Worker's Compensation Insurance Certificate Affidavit and certificate of Insurance (if applicable).
12. Energy Conservation Compliance with 2015 IECC by Prescriptive, Res-Check, or HERS Rating methods.



## **ADDITIONS, DECKS, PORCHES, ETC.**

1. (3) Sets of plans\* (with framing detail) including Window Schedule. Applications for additions must include proposed and existing floor plans of the entire building. (Stamped by Registered Professional, (Architect or Engineer), or accompanied by the Massachusetts Checklist for Compliance.)  
**\*One large set and two (2) 11x17**

### ***FLOOR PLANS SHALL INCLUDE LOCATION OF ALL REQUIRED FIRE PROTECTION SYSTEMS AND HEATING SYSTEMS STORAGE AREAS***

2. (1) Site Plan (drawn and stamped by surveyor)
3. Energy Calculation (IECC 2015 ResCheck) Include # Square Feet, Window rating, and U-factor.
4. Septic Permit (or approval from Health Dept)
5. **RECORDED COPY** of ZBA Special permit, variance, Conservation Order of Conditions, or Planning Board Statement of Conditions (if applicable)
6. Massachusetts Checklist for Compliance (780 CMR R301.2.1.1).
7. Copy of MA Construction Supervisor's license and Home Improvement Contractor's Registration, with numbers and expiration dates, or Homeowners Exemption Certificate and Affidavit
8. Copy of Worker's Compensation Insurance Certificate Affidavit and certificate of Insurance (if applicable).

### **NOTE: A FOOTING INSPECTION IS REQUIRED ON ALL SONOTUBE INSTALLATIONS**

You must call the Building Department to schedule your inspection **after the holes have been dug and before the concrete is poured.** Failure to do so will result in having to uncover (dig up) the footings.