



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 8th edition

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

TOWN OF  
MANSFIELD  
Inspections dept.  
6 Park Row  
Mansfield, MA 02048  
Tel 508-261-7360  
Fax 508-261-7343

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings 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) R1-25' SIDES, 40' FRONT & REAR, R2,R3 & RD- 15' SIDES, 30' FRONT & REAR

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) \_\_\_\_\_ Address for Service: \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

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: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>:  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

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

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

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

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

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

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

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

**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.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or 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 or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**NOTES:**

1. 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. Additional notes or comments:

**THIS SECTION IS FOR OFFICIAL USE ONLY**

APPROVAL

DATE

*M M ELECTRIC DEPT.* \_\_\_\_\_ *(DEMO ONLY)*

*WATER CONNECTION* \_\_\_\_\_

*SEWER CONNECTION* \_\_\_\_\_

*CONSERVATION* \_\_\_\_\_

*HEALTH DEPT.* \_\_\_\_\_

*FIRE DEPT.* \_\_\_\_\_

*\* IF APPLICABLE FIRE DEPT. MUST REVIEW PLANS FOR SMOKES, CARBON, SPRINKLER SYSTEMS.*

*DEPT. OF PUBLIC WORKS* \_\_\_\_\_

*\* IF APPLICABLE , DPW MUST REVIEW FOR CURB CUTS, RELOCATION OF CURBING ETC.*

*PLANNING BOARD- IF APPLICABLE, ATTATCH A COPY OF THE PLANNING BOARD DECISION AFTER FILING WITH THE REGISTRY OF DEEDS.*

*ZONING BOARD- IF APPLICABLE, ATTACH A COPY OF THE ZONING BOARD DECISION AFTER FILING WITH THE REGISTRY OF DEEDS.*

# BUILDING PERMIT APPLICATION CHECKLIST

\_\_\_\_\_ APPLICATION FOR PLAN EXAMINATION AND  
BUILDING PERMIT

\_\_\_\_\_ DEBRIS DISPOSAL AFFIDAVIT

\_\_\_\_\_ WORKERS' COMPENSATION AFFIDAVIT

\_\_\_\_\_ INSURANCE CERTIFICATE

\_\_\_\_\_ TWO SETS OF PLANS. APPROVAL BY THE MANSFIELD  
FIRE DEPT, IF APPLICABLE

\_\_\_\_\_ SEPTIC PLAN APPROVED BY HEALTH AGENT OR  
CERTIFIED PLOT PLAN IF ON SEWER

\_\_\_\_\_ MECHANICAL PERMIT IF APPLICABLE

\_\_\_\_\_ PROVIDE RES CHECK / COMM CHECK CALCULATIONS  
FOR ENERGY COMPLIANCE, OR PRESCRIPTIVE TABLES IN  
IECC 2009 WILL APPLY

\_\_\_\_\_ PERMIT FEE

\_\_\_\_\_ SIGN PERMIT APPLICATION

\_\_\_\_\_ CONSERVATION DOCUMENTS IF APPLICABLE

\_\_\_\_\_ OTHER REQUIREMENTS MAY APPLY



# TOWN OF MANSFIELD, MASSACHUSETTS

Six Park Row, Mansfield, MA 02048

BUILDING DEPARTMENT  
508-261-7360/FAX 508-261-7343

## DEBRIS DISPOSAL AFFIDAVIT

780 CMR 8th Edition, Sec. 105.3.1.2 - Debris: As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, MGL c. 40 s. 54 requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, s. 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.

The debris will be disposed of in:

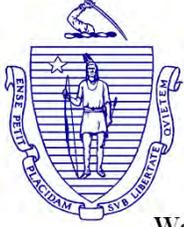
\_\_\_\_\_  
Name of Waste Facility

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Location of Property

\_\_\_\_\_  
Date



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 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 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 #: \_\_\_\_\_

# 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



**TOWN OF MANSFIELD**

Six Park Row

Mansfield, MA 02048

Tel: (508) 261-7360

SHEET METAL /

**MECHANICAL PERMIT APPLICATION AND REVIEW**

( ) J-1/M-1: Unrestricted ( ) J-2/M-2: Restricted

DATE:

PERMIT NUMBER:

LICENSE NO.:

LOCATION ADDRESS:

OWNER:

ADDRESS:

Phone Number:

SINGLE FAMILY

MULTIFAMILY

COMMERCIAL

INDUSTRIAL

RETAIL

EDUCATIONAL

MECHANICAL/SHEET METAL

DESCRIPTION OF WORK: (number of units, size of unit, number of flues, estimated ductwork/hydrionic pipe, new work or renovation ...)

ESTIMATED COST:

\$

(Circle One) SHEET METAL WORK TO BE COMPLETED: NEW - ALTERATION - REPAIR - ADDITION

Oil

Gas

LPG

TYPE OF EQUIPMENT	NUMBER	FEE	
H.V.A.C.			UNDER 10,000 SF: _____ OVER 10,000 SF: _____ NUM. STORIES: _____ J-1/M-1 - UNRESTRICTED J-2/M-2 - RESTRICTED DWELLING 3-STORIES OR LESS/COMMERCIAL UP TO 10,000 S.F. 2-STORIES OR LESS.
Refrigeration Units			
Boilers			
Wall Heaters			
Unit Heaters			
Clothes Dryer			
Ventilation Fan			
Range Hood			
Air Handling			
Incinerator			
Other			

TOTAL FEE

CONTRACTOR'S NAME AND ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT MECHANICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature of Contractor or his Authorized Representative Making Application

Signature of Mechanical Inspector



# Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

## Building Department

ROBERT BLACKMAN/ ZONING ENFORCEMENT/ BUILDING INSPECTOR  
LEE DAY/ ASSISTANT BUILDING INSPECTOR  
ANTHONY STRYCHARZ/ MECHANICAL INSPECTOR

### REQUEST FOR BUILDING INSPECTION

TODAY'S DATE \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

I, \_\_\_\_\_ HERBY REQUEST AN INSPECTION UNDER MA STATE BUILDING CODE 780 CMR EIGHTH EDITION R109 OR 110.5:

\_\_\_\_\_ FOUNDATION

\_\_\_\_\_ FOUNDATION RE-INSPECTION (\$25)

\_\_\_\_\_ MECHANICAL

\_\_\_\_\_ MECHANICAL RE-INSPECTION (\$25)

\_\_\_\_\_ ROUGH \_\_\_\_\_ FINAL

\_\_\_\_\_ CHIMNEY RE-INSPECTION (\$25)

\_\_\_\_\_ CHIMNEY

\_\_\_\_\_ ROUGH RE-INSPECTION (\$25)

\_\_\_\_\_ ROUGH

\_\_\_\_\_ INSULATION RE-INSPECTION (\$25)

\_\_\_\_\_ INSULATION

\_\_\_\_\_ OTHER RE-INSPECTION (\$25)

\_\_\_\_\_ FINAL

EXPLAIN TYPE OF INSTALLATION: \_\_\_\_\_

PERMIT #REQUIRED: \_\_\_\_\_

INSTALLERS CONTACT #REQUIRED: \_\_\_\_\_

ON PROPERTY LOCATED AT: \_\_\_\_\_  
STREET ADDRESS (AND LOT NUMBER IF NEW SUBDIVISION)

PREMISES OWNED BY: \_\_\_\_\_ OWNER'S CONTACT # REQUIRED \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Home Owner/Builders License#

**UPON RECEIPT OF THIS REQUEST INSPECTIONS WILL BE MADE WITHIN THREE (3) WORKING DAYS. WHEN AN INSPECTION IS REQUIRED AND THE WORK IS NOT READY, THE PREMISES ARE LOCKED, OR NOT ACCESSIBLE BY MEANS OF A SET OF STAIRS, OR IT IS NOT ACCEPTABLE, A REINSPECTION FEE OF \$25 WILL BE CHARGED. THIS FEE IS TO BE PAID PRIOR TO THE REINSPECTION.**

**OFFICE USE ONLY:**

**DATE INSPECTED:** \_\_\_\_\_

**PASS** \_\_\_\_\_ **FAIL** \_\_\_\_\_

**INSPECTOR OF BUILDINGS/ASSISTANT INSPECTOR:** \_\_\_\_\_

**MECHANICAL INSPECTOR:** \_\_\_\_\_

Phone (508)261-7360 • Fax (508)261-7343 •