



The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR, 9th 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: _____
1.2 Assessors Map & Parcel Numbers
 1.1a Is this an accepted street? yes _____ no _____
 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 OWNERSHIP¹

2.1 Owner¹ of Record:
 Name (Print) _____ Address for Service: _____
 Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

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 ³ (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

BUILDING DEPARTMENT PROCEDURES

Submitting an application for a building permit **DOES NOT** give the applicant the right to begin work before the issuance of the permit. Action will be taken on your application within 30 days of submission, as set forth in the Massachusetts State Building Code. You, or an authorized agent, **MUST PICK UP** your building permit before starting work.

Inspection requests:

Upon receipt of a **WRITTEN** request, the inspection will be made within 48 hours or two working days of the request. Your plumbing, gas and electrical contractors **MUST** bring in their own written inspection request. Should you fail to request the inspection in writing, there will be no record of such inspection request.

INSPECTIONS MUST BE PERFORMED IN THIS ORDER:

1. **Foundation Inspection:** Foundation must have street/lot number visible from the street. Foundation must be coated, foundation footings and lally column footings must be visible; foundation and column footings may not be backfilled until inspection is approved.

Prior to **any** rough inspection being made:

- (a) The building permit card must be posted on the site.
 - (b) There must be at least one set of **STAIRS** to the dwelling, and one set of **STAIRS** to each floor.
 - (c) The street number of the dwelling **MUST** be posted either on the dwelling or on a tree. Lot numbers are **NOT** acceptable at this point.
 - (d) Building plans **MUST** be on the site.
2. **Rough Plumbing, Gas, Electric Inspections**
 3. **Rough Mechanical inspection:** Both hot air and hot water systems
 4. **Masonry Fireplace:** Throat inspection at beginning of lining. Inspection will be made after choke and smoke chamber have been completed. Work cannot continue until chimney has been approved.
 5. **Rough Frame Inspection:** **BEFORE** the rough frame inspection is requested, the rough plumbing, gas, electrical, mechanical and chimney inspections must be approved by the appropriate inspectors.
 6. **Insulation Inspection:** **AFTER** all rough inspections have been made and approved. If the insulation is installed prior to any rough inspections being approved, the insulation **WILL** be removed.
 7. **Final Plumbing, Gas, Electric Inspections**
 8. **Final Mechanical Inspection**
 9. **Fire Department Inspection**

10. **Final Building Inspection.** AFTER all other final inspections have been made, approved and signed off on the building permit card by the appropriate inspectors. The house number MUST be put on the house (minimum 4" in height) prior to the final inspection being made. Houses that are more than 50 feet off the road must have a post at the driveway entrance with the house number.

PRIOR TO RECEIVING AN OCCUPANCY PERMIT:

Where applicable, an as-built plan of the surface sewage disposal system, signed by the Health Agent, shall be submitted. In ALL cases, a certified as-built plan, stamped and signed by a Registered Professional Engineer AND a Registered Land Surveyor, must be submitted. This is to show location of foundation, elevation of bottom of cellar floor and distances to all property lines. Where it applies, the plan will also show distance to wetlands from foundation, total square feet of wetlands and total square feet of buildable area.

OCCUPANCY:

Final Inspection does NOT necessarily mean you can occupy the building immediately. See CMR 8th Edition IRC 2009 Sec. R110.

**ALL PLANS FOR A BUILDING PERMIT SHALL BE SUBMITTED IN ACCORDANCE WITH
THESE REQUIREMENTS**

DRAWING REQUIREMENTS FOR APPLICATIONS FOR PERMITS

GENERAL

Architectural and engineering exhibits shall be submitted with each application which involves proposed construction, partially completed construction, or alterations or additions to existing construction. Exhibits for alterations or repairs need pertain only to work to be done.

The exhibits shall indicate and describe all proposed work, including the location and size, grade and quality of materials and equipment to be incorporated in the proposed construction.

DRAWINGS FOR INDIVIDUAL APPLICATIONS

1. Floor Plans

- Scale 1/4" = 1'0"
- Floor plan of each floor and of basement
- Plan of all attached terraces, porches, decks, garage or carport
- If dwelling is of crawl space type, provide separate foundation plan. Slab type foundation may be shown on sections.
- Direction, size and spacing of all floor and ceiling framing members, girders, columns, or piers.
- Location of all partitions and indication of door sizes, and direction of door swing
- Location and size of all permanently installed construction and equipment such as kitchen cabinets, closets, storage shelving, plumbing fixtures, water heaters, etc.

2. Exterior Elevations

- Scale, 1/4" = 1'0". Elevations, other than main elevation, which contain no special details may be drawn at 1/8" = 1'0"
- Front, rear and both side elevations, and elevations of any interior courts.
- Windows and doors – indicate size unless separately scheduled or shown on floor plan
- Finish floor lines

3. Details and Sections

- Section through exterior wall showing all details of construction from footings to highest point of roof. Where more than one type of wall material is used show each type. Scale 3/8" = 1'0"
- Section through any portion of dwelling where rooms are situated at various levels or where finished attic space is proposed. Scale 1/4" = 1'0" minimum
- Section through stair wells, landings and stairs, including headroom clearances and surrounding framing. Scale 1/4" = 1'0"
- Details of roof trusses if proposed, including connections. Scale of connections 3/8" = 1'0"
- Elevations and section through fireplace. Scale 3/8" = 1'0" minimum
- Sections and details of all critical construction points, special structural items or special millwork. Scale as necessary to provide information, 3/8" = 1'0" minimum

4. Energy Code Requirements

- The data submitted shall show all pertinent information and features to be incorporated into the buildings, including but not limited to: the exterior envelope component materials; the "R" values of the respective elements; the "U" values of the overall assembly; calculations of the OTTV and overall U_o of the walls, roof/ceiling, and floors; the size and type of apparatus and equipment, controls and other pertinent data to indicate conformance to the Massachusetts State Building Code.

5. Drawing for Group Applications

- When a number of applications simultaneously submitted involve repetition of a basic type dwelling, special group drawings should be submitted in lieu of drawings for each individual property.

The Building Official may require the following drawings to be filed:

- Location and symbols of all electrical equipment, including switches, outlets, fixtures, etc.
- Heating system, on separate drawing or as part of floor plan showing:
 1. Layout of system
 2. Location and size of ducts, piping, registers, radiators, etc.
 3. Location of heating unit and room thermostat
 4. Total calculated heat loss of dwelling including heat loss through all vertical surfaces, ceiling and floor. When a duct or piped distribution system is used, calculated heat loss of each heated space.
- 5. Cooling system, on separate drawings or as part of heating plan, floor or basement plan showing:
 - a. Layout of system
 - b. Location and size of ducts, registers, compressors, coils, etc.
 - c. Heat gain calculations, including estimated heat gain for each space conditioned.
 - d. Model number and Btuh capacity of equipment or units in accordance with applicable ARI or ASRE Standard
 - e. Btuh capacity and total KW input at stated local design conditions.
 - f. If room or zone conditioners are used, provide location, size and installed details



Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Building Department

PHONE 508-261-7360 / FAX 508-261-7343

DEBRIS DISPOSAL AFFIDAVIT

780 CMR 9th edition, section 105.3.1 item 4

Every city or town shall require, as a condition of issuing a building permit or license for the demolition, renovation, rehabilitation or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation or alteration be disposed of in a properly licensed solid waste disposal facility, as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris is to be disposed. If for any reason, the debris will not be disposed of as indicated, the permittee or licensee shall notify the issuing authority as to the location where the debris will be disposed. The issuing authority shall amend the permit or license to so indicate.

THE DEBRIS WILL BE DISPOSED OF AT:

NAME OF WASTE FACILITY

ADDRESS OF FACILITY

SIGNATURE OF PERMIT APPLICANT

JOBSITE ADDRESS

DATE OF APPLICATION



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



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 NINETH 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 •