

**DEVELOPMENT & INSPECTIONAL SERVICES PERMIT CHECKLIST**

This form must contain all the information & signatures requested prior to submitting any permit to the Office of Development & Inspectional Services (ODIS). Incomplete forms will not be accepted. If only interior work is to be performed, or roofing and siding, Tax Collector signature only will be required with permit application.

Permit Address: \_\_\_\_\_ Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Description of Work: \_\_\_\_\_

1. Signature from Tax Collector that all taxes, liens etc... paid: \_\_\_\_\_
2. Signature from Assessors Office: \_\_\_\_\_ (Copy of assessors map required)
3. Signature of Zoning Enforcement Officer: \_\_\_\_\_
4. Signature from Fire Department : \_\_\_\_\_ \*
5. Signature from Conservation Commission: \_\_\_\_\_ \*\*
6. Signature from Utilities & Facilities Director or Highway Supt.: \_\_\_\_\_ \*\*\*
7. Signature of Sewer Department: \_\_\_\_\_ Municipal Sewer( )  
or
8. Signature of Board of Health: \_\_\_\_\_ ( ) Private Sewer/Septic System\*\*\*\*
9. Signature of Water Department: \_\_\_\_\_ ( ) Municipal Water  
or
10. Signature of Board of Health: \_\_\_\_\_ ( ) Private Well\*\*\*\*\*
11. Signature of Town Planner\*\*\*\*\* \_\_\_\_\_
12. Is any work within an identified Aquifer Protection Zone? Yes \_\_\_ No \_\_\_ Zoning Officer Verification \_\_\_\_\_
13. Any tree removal within 15' of roadway. Yes \_\_\_ No \_\_\_ If yes- Tree Warden signature: \_\_\_\_\_
14. Dumpster over 1.5 cu yds. Requires BOH approval. BOH signature \_\_\_\_\_

\*All plans must be stamped by the Fire Dept. for any work involving, but not limited to, habitable space additions, alterations or new construction, smoke & CO detector install/ placement, temporary event tents or bottled gas use.

\*\*Conservation Commission must sign for any work involving disturbing of soil, removing of trees etc..., within 100 ft. of any wetland or intermittent stream, or pond, or within 200 ft. of any perennial stream or river that flows year round.

\*\*\*Utilities & Facilities Superintendent or designee must sign for excavations or earth disturbance of any kind on private property within 15 ft. of any roadway, Public or Private. Also includes trenching, grading, underground utility work (i.e., gas, electric, water, sewer, etc.), site access and/or existing or new driveway related work.

\*\*\*\*Either Board of Health or Sewer Dept. must sign off as to type of sewerage disposal system utilized at property.

\*\*\*\*\*Either Board of Health or Water Dept. must sign off on type of potable water utilized at property.

\*\*\*\*\*Town Planner signature required if the following: Development on private subdivision roads and developments requiring Site Plan Review, Special Permit, or Variance.

Contractor/ Applicant: \_\_\_\_\_ : \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print last name)

At any time if scope of work changes a new checklist must be submitted along with revised plans.

# TOWN OF SPENCER

## Office of Development & Inspectional Services



Memorial Town Hall  
 157 Main Street  
 Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
 Fax: 508-885-7519

## BUILDING PERMIT APPLICATION

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

1. Type of Permit       New Construction     Addition     Alteration     Repairs
- Temporary Structure     Above-Ground Swimming Pool     In-Ground Swimming Pool
- Shed     Trailer     Other \_\_\_\_\_

2. Property Information

Location of Property \_\_\_\_\_ Map/Parcel# \_\_\_\_\_

Name and Address of Property Owner \_\_\_\_\_ Tel # \_\_\_\_\_

If new owner, previous owner and date title recorded \_\_\_\_\_

Use Group of Building \_\_\_\_\_ If dwelling, Number of units \_\_\_\_\_

Will Use Group be changed? \_\_\_\_\_ Specify Changes \_\_\_\_\_

3. Professional Services

Name and Address of Architect \_\_\_\_\_

Name of Contractor \_\_\_\_\_ Tel # \_\_\_\_\_

Address of Contractor \_\_\_\_\_

Mass Construction Supervisors License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Home Improvement Contractor Registration \_\_\_\_\_ Expiration Date \_\_\_\_\_

**4. Workers' Compensation Insurance – A certificate of insurance indicating a valid Workers' Comp. Insurance Policy and a completed Workers' Comp. Insurance Affidavit must be submitted with this application.**

5. Area of lot \_\_\_\_\_ s/f      Percentage of lot coverage \_\_\_\_\_ %
6. Proposed Foundation Dimensions    Front \_\_\_\_\_    Rear \_\_\_\_\_    L/side \_\_\_\_\_    R/side \_\_\_\_\_
7. Footprint of New Construction (s/f) \_\_\_\_\_      Total Footprint \_\_\_\_\_
8. Setbacks      Front \_\_\_\_\_      Rear \_\_\_\_\_      Left side \_\_\_\_\_      Right side \_\_\_\_\_
9. Living Area First Floor \_\_\_\_\_ s/f    Living Area Above First Floor \_\_\_\_\_ s/f    Total Living Area \_\_\_\_\_
- Area of Garages/Barns \_\_\_\_\_ s/f    Area of Decks/Porches \_\_\_\_\_ s/f    Area of Non-Living Space \_\_\_\_\_
10. Sewage Disposal System     Municipal     Private    Town Official Approval \_\_\_\_\_
11. Water Supply     Municipal     Private    Town Official Approval \_\_\_\_\_
12. Zoning District \_\_\_\_\_
13. Estimated Construction Cost, including Wiring, Plumbing & Gas \_\_\_\_\_

**14. The homeowner/contractor must file with the Conservation Commission if ANY work is within 100 feet of any wetland, stream, lake or pond. If you are not sure, a Request for Determination must be filed along with the Building Permit Application.** \_\_\_\_\_

**15. Will this project relocate/reconfigure/repave an existing driveway or build a new driveway: Y \_\_\_ N \_\_\_**

**DETAILED DESCRIPTION OF PROPOSED WORK – SCOPE OF WORK**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee _____	
Permit No. _____	
Date issued _____	
ZBA _____	

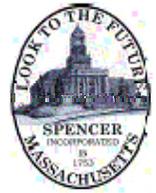
\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\*Building Permit issued pursuant to 780 CMR, Massachusetts State Building Code Requirements\*

**TOWN OF SPENCER**  
*Office of Development & Inspectional Services*



*Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health*

*Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist*

*Memorial Town Hall  
157 Main Street  
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*Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519*

**DEBRIS DISPOSAL**

**COMMONWEALTH OF MASSACHUSETTS  
DEBRIS DISPOSAL**

IN ACCORDANCE WITH THE PROVISIONS OF MGL C40, S54, A CONDITION OF BUILDING PERMIT NUMBER \_\_\_\_\_ IS THAT THE DEBRIS RESULTING FROM THIS WORK SHALL BE DISPOSED OF IN A PROPERLY LICENSED SOLID WASTE DISPOSAL FACILITY AS DEFINED BY MGL C111, S150A.

\_\_\_\_\_  
LOCATION OF FACILITY

\_\_\_\_\_  
CONSTRUCTION SITE ADDRESS

\_\_\_\_\_  
SIGNATURE OF PERMIT APPLICANT

\_\_\_\_\_  
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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

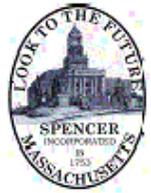
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

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

TOWN OF SPENCER  
Office of Development & Inspectional Services



Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health

Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist

AFFIDAVIT  
HOME IMPROVEMENT  
CONTRACTOR LAW  
SUPPLEMENT TO PERMIT

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519

M.G.L.c.142A requires that the “reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building” be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work \_\_\_\_\_

Address of Work \_\_\_\_\_

Owner Name \_\_\_\_\_

Date of Permit Application \_\_\_\_\_

I hereby certify that registration is not required for the following reason(s):

- \_\_\_\_\_ Work excluded by law
- \_\_\_\_\_ Job under \$1,000
- \_\_\_\_\_ Building not owner-occupied
- \_\_\_\_\_ Owner pulling own permit
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DOES NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L.c.142A.**

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

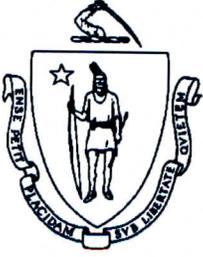
\_\_\_\_\_  
Date Contractor Name Registration Number

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

\_\_\_\_\_  
Date Owner Name

Homeowner License Exemption



Charles D. Baker  
Governor

Karyn E. Polito  
Lieutenant Governor

The Commonwealth of Massachusetts  
Department of Public Safety  
One Ashburton Place, Room 1301  
Boston, Massachusetts 02108-1618  
Phone (617) 727-3200  
Fax (617) 727-5732  
*www.mass.gov/dps*

Daniel Bennett  
Secretary

Matt Carlin  
Commissioner

HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, \_\_\_\_\_ (full legal name), born \_\_\_\_\_ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:

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

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)

# Homeowner/Contractor Warning Notice

- Homeowner is defined as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structures. **If you do not meet this definition a building permit cannot be issued to you as the homeowner.**
- You will be **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You must call the Building Dept. to schedule all required building inspections.
- If homeowner you must be present for all building inspections.
- If homeowner you have waived all rights to the Massachusetts Guaranty Fund.
- If homeowner you are the General Contractor of the project and the court of law will view you as such if you are sued, or if you should have the need to sue another party.
- If homeowner our subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Worker's Compensation Insurance.
- Failure to carry Worker's Compensation Insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c. 152/25)
- You must file with the Conservation Commission if ANY work is within 100 feet of any wetlands, stream, lake or pond. If you are not sure, a Request for Determination must be filed along with the Building Permit Application.

**Are you working within 100 Feet of wetlands?**    \_\_\_ Yes    \_\_\_ No    \_\_\_ Not Sure

- You must have Utilities & Facilities sign the front page of the application if you check yes for any of the following.

**Are you working within 15 feet of the Road?**    \_\_\_Yes    \_\_\_No

**Are you creating a new driveway?**    \_\_\_Yes    \_\_\_No

**Are you reconstructing or altering an existing driveway?**    \_\_\_ Yes    \_\_\_ No

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Or

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your signature verifies you have read this warning and understand its requirement.*

## Spencer Stormwater Permit Application Checklist

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Tel # \_\_\_\_\_

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

Address of Applicant(s) \_\_\_\_\_

Type of Permit\* \_\_\_\_\_

Location of property \_\_\_\_\_ Map/Parcel# \_\_\_\_\_

Name(s) of Property Owner(s) \_\_\_\_\_ Tel # \_\_\_\_\_

Address(es) of Property Owner(s) \_\_\_\_\_

Is proposed Land Conversion Activity\*\* Equal to or Greater than 1 Acre?  
(check one): Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, Stormwater Permit Required. If No, Answer Questions 1 – 3, below:**

1. Is proposed work located within 100 feet of any existing or proposed inlet to any storm drain, catch basin, or other storm drain system component discharging to any lake, pond, river, stream, or wetland?  
(check yes or no) Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does project occur on or result in a slope of 15% or greater?  
(check yes or no) Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does proposed Land Conversion Activity disturb greater than 10,000 square feet in area? (check yes or no) Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes to 2 or more of the above, Stormwater Permit Required. If Yes to less than 2 of the above, No Stormwater Permit Required.**

Other approvals/permits required: \_\_\_\_\_

Is project located in the Aquifer Protection District? (check yes or no) Yes \_\_\_\_\_ No \_\_\_\_\_

Will this project relocate/reconfigure/repave an existing driveway or build a new driveway?  
(check yes or no) Yes \_\_\_\_\_ No \_\_\_\_\_

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\* This form must be completed for all projects that disturb soil or vegetation.

\*\*Definition of Land Conversion Activity: Any new Development, Redevelopment, Clearing\*\*\*, or Disturbance of Land\*\*\*\*.

\*\*\* Definition of Clearing: Any activity that removes or disturbs the vegetative surface cover.

\*\*\*\* Definition of Disturbance of Land: Any action, including clearing, that causes a change in the position, location, or arrangement of soil, sand, rock, gravel or similar earth material.



**TOWN OF SPENCER**  
*Office of Development & Inspectional Services*

Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health

Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519

## Instructions for a Building Permit Application

**Application for a Building Permit to the Town of Spencer must include a completed Building Permit Application, Building Plans, a Certified Plot Plan, a current Certificate of Insurance and Insurance Affidavit, copy of Construction Supervisor License, a Home Improvement Registration Affidavit with copy of the registration (if applicable), and the appropriate fee. Incomplete applications will not be accepted.**

### **BUILDING PERMIT APPLICATION**

All Building Permit Application Forms must be filled out accurately and completely. Please print legibly or type the information. The permit location must include the house number and full street name. Approval required from all applicable departments or the necessary copy of documentation from said department.

**All applications must be signed by the owner of record.**

TOWN COLLECTOR for verification that all taxes have been paid  
BOARD OF ASSESSORS for map, parcel and house number.  
BOARD OF HEALTH for well and/or septic system.  
CONSERVATION COMMISSION for wetland issues.  
SEWER/WATER DEPARTMENT for town connections.  
HIGHWAY DEPARTMENT for driveway permit and Scenic Road permit.  
FIRE DEPARTMENT for new construction/ bedroom additions/ all commercial permits.

### **WORKERS' COMPENSATION INSURANCE**

All applications must include a current Certificate of Insurance indicating Workers' Compensation Insurance with the Town of Spencer listed as the certificate holder for all contractors working on site and completed Workers' Compensation Insurance Affidavit signed by the contractor or the property owner.

### **HOME IMPROVEMENT REGISTRATION AFFIDAVIT**

All proposed home improvement work, including accessory structures and in-ground swimming pools, require a completed Home Improvement Registration Affidavit signed by the contractor or the property owner.

### **PLOT PLAN**

An accurate Plot Plan must be submitted for all new construction, additions and swimming pools. The plan must be drawn to scale and must show all boundaries, frontage and setbacks. All existing and proposed structures must be clearly shown. Plan must have an original seal and signature of a registered land surveyor.

## **BUILDING PLANS**

Bring (2) sets of plans to the fire department for review (if applicable). One complete set of Building Plans must be submitted with the application. This set will be kept on file with the Development & Inspectional Services Department. The other set of plans is required to be on site and accessible to the contractor and/or Inspector at all times. All plans are to be legible and identified as to job sight and owner. The plans must include:

### ***Scale***

Plans to be drawn to scale, with scale clearly indicated on all prints.

### ***Elevations***

Plans must show all sides of buildings in their finished state and include approximated site elevations.

### ***Foundation Plan***

Plan showing in detail all footings, foundation walls, drops and frost walls.

### ***Floor Plans***

Plan of each floor dimensioned clearly identifying all rooms, closets, stairwells, etc.

### ***Framing Plans***

Plans to include deck framing plan for each floor area proposed showing all openings with framing details and spans clearly listed.

Exterior wall framing plans showing spans and size of all openings with header sizes clearly indicated. Insulation type, thickness, R-value, sheathing thickness, wrap and finish materials to be clearly indicated.

Roof framing plan showing framing size, spacing and pitch. Also clearly identify: sheathing thickness and type, felt type and weight; roofing material type and weight; and insulation and ventilation sizes and types.

### ***Window / Door Schedule***

Plans to have a list of all windows and door sizes and styles. List can be on separate page or incorporated on other pages provided they are clearly listed.

### ***Trusses / Engineered Beams***

All engineered components shown must be accompanied by a drawing with original engineer's seal. All steel shown to be accompanied with size weight/web calculations and accompanied by drawing with engineer's seal.

### ***Energy Conservation Application Form***

MASSCheck Software Report / Component Performance (manual trade-off worksheet)

### ***Smoke Detector System***

Plans to show location, type, manufacturer and model numbers of all components.



Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health

Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist

# TOWN OF SPENCER

## Office of Development & Inspectional Services

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519

## REQUIRED BUILDING INSPECTIONS

It is the responsibility of the permit applicant to insure that all of the required inspections and necessary approvals are obtained before the work proceeds.

### **Excavation**

The hole is to be inspected before any concrete is poured (footing forms can be installed). This inspection is to insure proper soil conditions and weather conditions prior to the pouring of concrete.

### **Foundation**

Foundation is to be inspected before backfilling. Ties are to be snapped, tie holes to be grouted, walls damp-proofed and drainage installed with approved filter membrane material.

### **As-Built Plan**

An As-Built plan must be submitted to this department and inspected along with the foundation prior to framing. As-Built must have an original stamp of a registered land surveyor.

### **Wiring/Plumbing/Gas**

All Rough approvals must be obtained prior to scheduling a Framing Inspection.

### **Framing**

Framing is to be complete and all utilities roughed in before inspection. Weather-tight shell, doors and windows installed. All fire blocking installed where required.

### **Insulation**

NO INSULATION IS TO BE INSTALLED UNTIL THERE IS A WEATHER TIGHT SHELL.

Insulation is to be installed with face or vapor barrier installed on winter warm side of all conditioned spaces.

### **Wiring/Plumbing/Gas**

Final approvals must be obtained prior to Final Building Inspection.

### **Final Building Inspection/Certificate of Occupancy**

The Building Inspector is the last inspector to sign off. All other inspectors' signatures must be on the building permit card. Note: For new construction, a smoke detector certificate and height certificate must be submitted to this department in order to schedule a certificate of occupancy inspection. NO BUILDING SHALL BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED BY THE OFFICE OF DEVELOPMENT & INSPECTIONAL SERVICES.

Revised 1/11/06