COMMERCIAL PACKAGE

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.

The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

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 Official: _____

SECTION 1: LOCATION

_____ _____

No. and Street | City /Town | Zip Code | Name of Building (if applicable)

_____ _____

Assessors Map # | Block # and/or Lot #

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ 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 2)
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 780 CMR 34) ☐

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

SECTION 4: BUILDING HEIGHT AND AREA

	Existing		Proposed	
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** ☐
F: Factory F-1 ☐ F2 ☐	**H: High Hazard** H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐	
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:

Special Use Description:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐	**IB** ☐	**IIA** ☐	**IIB** ☐	**IIIA** ☐	**IIIB** ☐	**IV** ☐	**VA** ☐ **VB** ☐

SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply:	**Flood Zone Information:**	**Sewage Disposal:**	**Trench Permit:**	**Debris Removal:**
Public ☐ Private ☐	Check if outside Flood Zone ☐ or indentify Zone:_____	Indicate municipal ☐ or on site system ☐	A trench will not be required ☐ or trench permit is enclosed ☐	Licensed Disposal Site ☐ or specify:_____

Railroad right-of-way:	**Hazards to Air Navigation:**	MA Historic Commission Review Process:
Not Applicable ☐ or Consent to Build enclosed ☐	Is Structure within airport approach area? Yes ☐ or No ☐	Is their review completed? Yes ☐ No ☐

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____

Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

Design Occupant Load per Floor and Assembly space: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) | No. and Street | City/Town | Zip

Property Owner Contact Information:

Title | Telephone No. (business) | Telephone No. (cell) | e-mail address

If applicable, the property owner hereby authorizes:

Name | Street Address | City/Town | State | Zip

to apply for and 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 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here** ☐ .
Otherwise provide construction control forms (see section 107 in the code) as required.

10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

Name (Registrant) | Telephone No. | e-mail address

Registration Number

Street Address | City/Town | State | Zip

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

Telephone No. (business) | Telephone No. (cell) | 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

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Other)	$
6. Total Cost	$

Total Construction Cost (from Item 6) = $_____

Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = $_____.

Note: Minimum fee = $_____ (contact municipality)

Enclose check payable to _____ (contact municipality) and write check number here _____

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.

Please print and sign name | Title | Telephone No. | Date

Street Address | City/Town | State | Zip | Email Address

Municipal Inspector to fill out this section upon application approval: _____ _____

Name | Date

Appendix 1

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. 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*

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

*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.

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address			Registration Number
Street Address	City/Town		State	Zip	Discipline / Expiration Date
Name (Registrant)	Telephone No.	e-mail address			Registration Number
Street Address	City/Town		State	Zip	Discipline / Expiration Date
Name (Registrant)	Telephone No.	e-mail address			Registration Number
Street Address	City/Town		State	Zip	Discipline / Expiration Date

Please follow this link for construction control forms to be used by Registered Design Professionals.

Appendix 2
(For total demolition only)

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.

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	City /Town	Zip	Name of Building (if applicable)
_____	_____	_____	_____

Assessors Map #	Block # and/or 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 ☐
_____	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
Other (if applicable)			
_____	Yes ☐ No ☐	Provider notified and Release obtained?	Yes ☐ No ☐
		Other (if applicable)	

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 a 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 #:** _____

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_____

** 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.*

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