



# Town of Clinton

## BUILDING PERMIT

242 Church St. Clinton Ma. 01510

Telephone# Office (978) 365-4128 FAX (978) 612-0202



Building Commissioner  
Zoning Enforcement Officer  
Tony Zahariadis

**This Section for Official use only**

Building Permit Number: \_\_\_\_\_

Amount of Permit \_\_\_\_\_

Signature of Building Official: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Date Received \_\_\_\_\_



Assessor	Date	Collector	Date	Zoning	Date	Planning Board	Date
Conservation	Date	Board of Health	Date	Fire Department	Date	Highway Department	Date
	Date		Date		Date		Date

**1. Authorized Agent Information:**

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

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number Home: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**2. Owners and Property Information**

Address of property: \_\_\_\_\_ Assessors Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Telephone Numbers Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**3. Description of Proposed Construction Project or Request**

Propose Work:

New Construction \_\_\_ or Existing Building \_\_\_ Addition \_\_\_ Renovation \_\_\_ Accessory Building \_\_\_ Demo \_\_\_  
Shed \_\_\_ Roofing \_\_\_ Siding \_\_\_ Window Installation \_\_\_ Pool Aboveground \_\_\_ Pool In ground \_\_\_  
Remodeling Basement \_\_\_ Remodeling Kitchen \_\_\_ Remodeling Other \_\_\_

Brief Description of Proposed Work

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supply any additional information on separate paper

**4. Zoning Information Section** (A). Zoning District circle one **R1 R2 C BR I**

Lot area: \_\_\_\_\_ Frontage: \_\_\_\_\_ Building Height: \_\_\_\_\_ Min lot width: \_\_\_\_\_

Historical District Y/N \_\_\_\_\_ Flood Plain District: Y/N \_\_\_\_\_

Within 100 feet Wetland Y/N \_\_\_\_\_ Within 200 Stream/River Y/N \_\_\_\_\_

Type of Building \_\_\_\_\_ Current Use of Building \_\_\_\_\_ Proposed Use of Building \_\_\_\_\_

(B). Zoning setback requirements for in your district

Front set back

Side set back

Rear set back

REQUIRED / PROVIDED \_\_\_\_\_

REQUIRED / PROVIDED \_\_\_\_\_

REQUIRED / PROVIDED \_\_\_\_\_

**5. Plot Plan Section** (Distances from proposed construction project)

In Accordance with 5110.7 and 110.10\_Plot\_Plan Must Be Submitted

1. Showing the properties dimensions
2. Location of all existing structures
3. Location of all proposed construction
4. Distance to septic system if applicable
5. Distance to water supply
6. Distance to any wetlands
7. The proposed dimensions between these items and the property boulder lines

**6. Construction Documents Section**

At a Minimum Checklist

1. Plot plan were applicable as described in section 2 above \_\_\_\_\_
2. Foundation plans and details (as necessary) \_\_\_\_\_
3. Floor plans (including basement and attic level if applicable) \_\_\_\_\_
4. Exterior building elevations \_\_\_\_\_
5. Framing plans and sections adequately depicting structural systems \_\_\_\_\_
6. Schedules, Legends and Details,  
Adequately depicting Doors, Windows and related materials \_\_\_\_\_
7. Fire protection system \_\_\_\_\_
8. Energy conservation information (Res/Com check) \_\_\_\_\_

**7. Construction Services**

Licensed Construction Supervisor

Must supply copies of license

Name: \_\_\_\_\_ License Number: CS \_\_\_\_\_

Address \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Telephone Numbers; Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Registered Home Improvement Contractor

Must Supply Copies of registration

Company Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Company Address: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Contractors Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Telephone Numbers; Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**8. Commercial Section (Skip this section if construction project involves 1-2 family dwelling)**

1. Current use group \_\_\_\_\_
  2. Current construction type \_\_\_\_\_
  3. Purpose use group \_\_\_\_\_
  4. Proposed construction type \_\_\_\_\_
  5. Existing hazard index \_\_\_\_\_
  6. Purposed hazard index \_\_\_\_\_
- SPECIFY \_\_\_\_\_

**9. Construction Cost**

*Commercial Construction Cost*

1. Building \_\_\_\_\_
2. Electrical \_\_\_\_\_
3. Plumbing \_\_\_\_\_
4. Mechanical(HVAC) \_\_\_\_\_
5. Fire Protection \_\_\_\_\_
6. Total Cost \_\_\_\_\_

*Residential Construction Cost*

1. Building \_\_\_\_\_
2. Electrical \_\_\_\_\_
3. Plumbing \_\_\_\_\_
4. Mechanical(HVAC) \_\_\_\_\_
5. Fire Protection \_\_\_\_\_
6. Total Cost \_\_\_\_\_

**9A. Fee schedule approved by the Town of Clinton, Board of Selectmen, May 21, 2008**

*New Building and Additions*

*\$50.00 Per Square foot calculation*

<i>1<sup>st</sup> floor, 2<sup>nd</sup> floor Finished Unfinished, Additions</i>	<i>\$ 50.00</i>
<i>Basement Finished, Covered Deck/Farmers porch Attached/Detached Garage Unfinished</i>	<i>\$ 40.00</i>
<i>Basement Unfinished, Deck</i>	<i>\$ 25.00</i>

*\$ 60.00 Residential application fee plus Square foot calculation*

*Commercial, Educational, Industrial, Others Commercial Applications for All Projects*

<i>Signed Contracted Price</i>	<i>\$ 75.00</i>
<i>Signs \$ 5.00 per \$ 1,000.00</i>	<i>\$ 30.00</i>
<i>\$ 10.00 per \$ 1,000.00 per foot +\$ 250.00/\$ 500.00 Commercial application fee</i>	
<i>Special Inspection/ Inspector and Plan Review, Other Miscellaneous Fees, Paid by Applicant</i>	

*Residential Flat Fees*

<i>Roofing, Siding, Residential Replacement Windows, Residential Demolition, Sheds, Temporary Mobile Home, Woodstoves, Coal Stoves, Pellet Stoves, Fireplace, Chimney, Accessory Building, Above-ground Swimming Pool, In-ground Swimming Pool, Certificate of Occupancy, Certificate for Change of Use, Other</i>	<i>\$ 60.00</i>
<i>Lost or Damaged Permit Card</i>	<i>\$ 30.00</i>

*Fines and Fees for Violation to Building Permit Fees*  
*\$ 250.00 and/or Double the Permit Fee \$ 50.00 Re-Inspection Fee*

*The Building official reserves the right to determine fees not specified per I.C.C. schedule*  
*All fees are base on with ever is greater*

# INFORMATION AND INSTRUCTIONS

Massachusetts General Law Chapter 152 requires all employers to provide worker's 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 representative 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 (as) and phone number(s) along with their certificate(s) of Insurance, Limited Liability Companies (LLC) or Limited Liability Partnership (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 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 application 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 Clinton, MA." 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 homeowner 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 Investigation 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:

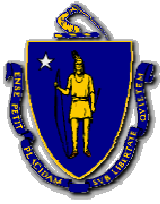
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel# 617-727-4900 Ext 406 or 1-877- MASSAFE

Fax# 617-727-7749

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

**10. Worker, Compensation Affidavit**



*The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov.dia](http://www.mass.gov.dia)*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

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

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

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

**Are you an employer? Check the appropriate box:**

- 1.  I am 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 worker's comp. insurance required.) †
- 3.  I am homeowner doing all work Myself. (No workers' comp. Insurance required.) ‡
- 4.  I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have Workers' comp. insurance.
- 5.  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 worker's Comp. insurance required.]

**Type of project (required):**

- 6.  New construction
- 7.  Remodeling
- 8.  Demolition
- 9.  Building addition
- 10.  Electrical repairs or additions
- 11.  Plumbing repairs or additions
- 12.  Roof repairs
- 13.  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 attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by official.**

Town of Clinton: \_\_\_\_\_ 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 #: \_\_\_\_\_

### 11. Homeowners Exemption Affidavit

#### Mass State Building Code Section 108.3.5 and 5116.1

The current exemption for "**Homeowner**" was extended to include **owner-occupied dwellings** of two (2) units or less and to allow such homeowner to engage an individual for hire that does not possess a license provided that the **Owner acts as the supervisor**.

#### *Mass State Building Code*

**Definition of Homeowner:** Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intending to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structure. [A person who constructs more than one home in a two-year period shall not be considered a homeowner.]

Such "**Homeowner**" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit.

The undersigned "**Homeowner**" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws rules and regulations.

The undersigned "**Homeowner**" certifies that he/she understands the Town of Clinton's Division of Inspectional Service, Department of Code Enforcement minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

The code states that "Any Homeowner performing work for which a building permit is required shall be exempt from the provisions of this section (Section 108.3.5 Licensing of Construction Supervisors) provided that if a homeowner engages a person(s) for hire to do such work, that such Homeowner shall act as supervisor."

#### *Homeowners who use this exemption are assuming the responsibility of the supervisor*

(See CMR-5 Rules and Regulations for Licensing Construction Supervisor,)

This lack of awareness often results in serious problems, particularly when the Homeowner hires an unlicensed person. In this case the BBRs cannot proceed against the unlicensed person as it would with a licensed Supervisor.

#### *The Homeowner acting as a Supervisor is ultimately responsible.*

To ensure that the Homeowner is fully aware of his/she responsibilities, as part of the permit application.

#### *The Homeowner certify that he/she understands the Responsibilities of a Supervisor,*

*And accepts full responsibilities for complying with the Code and all applicable State, Federal and Town of Clinton's By-Laws and Rules and Regulations*

Homeowners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 12. Debris Disposal Affidavit

#### *In accordance with MGL 40 Section 54.*

The authorized agent for this project stipulates that all debris resulting from this project SHALL be disposed of in a properly licensed solid waste disposal facility as defined in MGL 111, Section 150A The authorized agent will notify in writing to the building department and supply the appropriate forms with the name and address of waste facility for attachments to the building permit no later than 2 months for issuance of the building permit. Failure to supply this information will result with a stop work order and possible fines. **Check Section 15 for asbestos removal**

Name and Address of Waste Facility: \_\_\_\_\_

Authorized Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 13. Owners Consent Release

I \_\_\_\_\_ as the Owner of record hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relating to the work authorized by the building permit,

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 14. Declaration Statement

#### *Signed under the Pains and Penalties of Perjury.*

I, \_\_\_\_\_, as the Owner/ 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.

Owners/ Authorized Agents Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Supplemental Permit Information is required for these certain projects**

**15. Supplement Demolition and Debris Disposal Application**

**5112.1/112.1 Service Connections.** Before a detached one- or two-family dwelling is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a detached one- or two-family dwelling shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 5111.5. All Applications for demolition of any structure must attach the following forms and sign offs of all utilities.

NESHAPS Building Survey for Asbestos Material: \_\_\_\_\_

ANF-001 Massachusetts Asbestos Removal Notification: \_\_\_\_\_

BWF-AQ-06 DEP Demolition Notification: \_\_\_\_\_

Electric Company	Date	Gas Company	Date
Sewer Superintendent	Date	Water Superintendent	Date
Police Department	Date	Fire Department	Date

**5112.2/112.2 Notice to Adjoining Owners.** Only when written notice has been given by the applicant to the owners of adjoining lots and to the owners of wired or other facilities, of which the temporary removal is necessitated by the proposed work, shall a permit be granted for the removal of a detached one- or two-family dwelling or structure

**16. Supplement Pool Permit Application**

Permit: Application for a permit shall be made by the owner of the building or structure or authorizes representative. Also, all permit applications for in ground pools shall contain the name and license number of the construction supervisor who is to supervise the construction (or stamped engineered drawings) and the Home Improvement Contractor's registration number.

	Item / Inspection Type	Inspections By:	In ground Gunite Pool	In ground Vinyl Pool	Above / On Ground Pool
1	Excavation Inspection	Building Inspector	Yes	Yes	Yes
2	Rough Electrical / Trench Inspection	Electrical Inspector	Yes (1)	Yes (1)	Yes (1)
3	Form Inspection	Building Inspector	Yes	Yes	No
4	Certified Plot Plan ("as built" plan)	Where Applicable	Yes	Yes	N/A
5	Enclosure (Fence) Inspection 2	Building Inspector	Yes	Yes	N/A
6	Final Electrical Inspection	Electrical Inspector	Yes (1)	Yes (1)	Yes (1)
7	Permanent Enclosure (Fence) Inspection Final Building Inspection	Building Inspector Building Inspector	Yes Yes	Yes Yes	N/A Yes
8	Issuance of Certificate of Use and Occupancy (4)	Required Item	Yes	Yes	Yes

1. An electrical permit is a separate permit from the building permit, inspections are done by the Electrical Inspector.
  2. An Approved Enclosure (Fence) is required to completely surround every outdoor swimming pool; minimum requirement is for a temporary fence prior to placing water into pool. (48")  
A fence is not required when an on/above ground pool wall is 48" or greater in height above the Surrounding finished grade.
- \* Swimming pools shall not be used until the Certificate of Use and Occupancy is issued by the Building Inspector.

**N/A** - Not Applicable, not required

References: Massachusetts State Building Code, 780 CMR 421.0

I understand that I am responsible for the above items and Required Inspections. Re-inspections \$50.00 fee

Name of Homeowner (please print) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**17. Sign Application**

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

Owner of Address; \_\_\_\_\_

Occupant of Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Number of Signs: \_\_\_\_\_ Locations of Building (Front) \_\_\_\_\_ (Rear) \_\_\_\_\_ (Right Side) \_\_\_\_\_ (Left Side) \_\_\_\_\_

Sign Type:

Sign Size:

(Wall) \_\_\_\_\_ (Free Standing) \_\_\_\_\_ (Pole) \_\_\_\_\_ Height) \_\_\_\_\_ (Width) \_\_\_\_\_ Total Square Feet \_\_\_\_\_

Lighting Y/N Internal \_\_\_\_\_ External \_\_\_\_\_

Other Sign Locations: \_\_\_\_\_

Installation By: \_\_\_\_\_

**18. Solid fuel burning Appliance**

Location of Appliance in Residence: \_\_\_\_\_

Type of Appliance; (Wood) \_\_\_\_\_ (Pellet) \_\_\_\_\_ (Coal) \_\_\_\_\_ BTU'S rating \_\_\_\_\_

Manufacturer's Name: \_\_\_\_\_ Model \_\_\_\_\_

Serial # \_\_\_\_\_ Testing lab \_\_\_\_\_ Date Tested \_\_\_\_\_

Size of pipe \_\_\_\_\_ Sub Floor Material Non- Combustible Y/N \_\_\_\_\_ Material \_\_\_\_\_

Testing Agency \_\_\_\_\_

Location

(Insert) \_\_\_\_\_ (Corner) \_\_\_\_\_ (Wall) \_\_\_\_\_ (Wall Center) \_\_\_\_\_ (Diagonale Corner) \_\_\_\_\_

Clearances Required By Manufacturer

Rear \_\_\_\_\_ Front \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

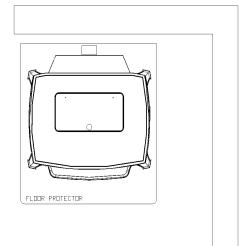
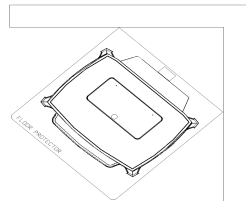
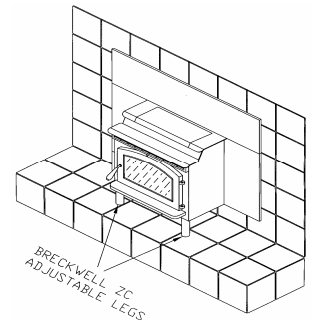
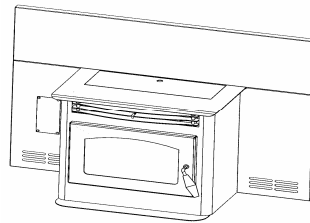
Diagonal Corner Rear Left Side \_\_\_\_\_

Diagonal Corner Rear Right Side \_\_\_\_\_

Diagonal Corner Front Left Side \_\_\_\_\_

Diagonal Corner Front Right Side \_\_\_\_\_

To Mantel \_\_\_\_\_ To Cornice \_\_\_\_\_



Clearances Provided By Installer

Rear \_\_\_\_\_ Front \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

Diagonal Corner Rear Left Side \_\_\_\_\_

Diagonal Corner Rear Right Side \_\_\_\_\_

Diagonal Corner Front Left Side \_\_\_\_\_

Diagonal Corner Front Right Side \_\_\_\_\_

To Mantel \_\_\_\_\_ To Cornice \_\_\_\_\_

