



APPLICATION FOR PLAN EXAMINATION AND Building Permits

No. Fee \$

AS-BUILT REQUIRED FOR NEW DWELLINGS

IMPORTANT - Applicant to complete all items

1	OWNER	BOARD OF HEALTH	YES / NO	FLOOD PLAN	YES / NO
	STREET	CONSERVATION	YES / NO	D.P.W.	YES / NO
	LOCATION OF BUILDING	WETLANDS	YES / NO	FIRE DEPT.	YES / NO
	SUBDIVISION	MAP	LOT NO.	LOT SIZE	

2 TYPE AND COST OF BUILDING

<p>A. TYPE OF IMPROVEMENT</p> <input type="checkbox"/> New building <input type="checkbox"/> Addition - Specify _____ <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Foundation only <input type="checkbox"/> Other - Specify _____	<p>D. PROPOSED USE</p> <p>Residential</p> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family Enter number of units _____ <input type="checkbox"/> Transient hotel, motel or dormitory Enter number of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other - Specify _____	<p>CHANGE OF USE YES/NO</p> <p>IF YES: CURRENT USE _____</p> <p>PROPOSED USE _____</p>
<p>B. OWNERSHIP</p> <input type="checkbox"/> Private (individual, corporation, nonprofit business, etc.) <input type="checkbox"/> Public (Federal, State, or local government)	<p><i>Non residential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</i></p>	
<p>C. EST. OF IMPROVEMENT</p> <p>\$ _____</p>		

DESCRIPTION OF WORK TO BE PERFORMED

3 SELECTED CHARACTERISTICS OF BUILDING

<p>E. CHIMNEYS & FIREPLACES</p> <p>No. and type chimneys _____</p> <p>No. and type fireplaces _____</p> <p>Name of Mason _____</p>	<p>G. TYPE OF SEWAGE DISPOSAL*</p> <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE (Septic Tank, etc.)	<p>J. DIMENSIONS</p> <p>Number of stories _____</p> <p>Building Length _____</p> <p>Building Width _____</p> <p>Building Height _____</p> <p>(Average grade to top of roof)</p>	
<p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> COAL <input type="checkbox"/> OTHER - SPECIFY _____	<p>H. TYPE OF WATER SUPPLY*</p> <input type="checkbox"/> PUBLIC OR PRIVATE CO. <input type="checkbox"/> PRIVATE (well, cistern)	<p>K. NUMBER OF OFF STREET PARKING SPACES</p> <p>Enclosed _____</p> <p>Outdoors _____</p>	
	<p>L. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Will there be an elevator? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>Number of rooms _____</p> <p>Number of bathrooms { Full: _____ Partial: _____</p>	

* See Board of Health requirements sheet

M. CONSTRUCTION: Frame () Brick Veneer () Brick () Stone Veneer () Stone () Stucco () Concrete ()
 Cinder Block () Other _____

N. TYPE OF FOUNDATION WALLS: Block Fdn. () Poured Fdn. () Brick Fdn. () Stone ()
 Other(Specify) _____

O. SIZE OF FOOTINGS _____ DEPTH OF FOOTINGS _____

P. TYPE OF ROOFING: Asbestos Shtg. () Built Up Shtg. () Asphalt Shtg. () Tar and Gravel Shtg. () Slate Shtg. ()

Q. WILL BUILDING BE ERECTED ON SOLID OR FILLED LAND? _____

R. PROVISION FOR SURFACE DRAINAGE: Dry Wells () City Drain ()

S. INSULATION R VALUES: Roof/Ceiling _____ Exterior Walls _____ Foundation _____ Basement Ceiling (uninsulated basement) _____

T. INSULATED GLASS: Windows Yes/No _____ Permanent Storm Windows/Curtains Yes/No _____

U. SPRINKLER SYSTEM PROVIDED Yes/No _____ SMOKE DETECTORS Yes/No _____ WIRED Yes/No _____

V. DESIGN LIVE LOADS: 1st Floor _____ 2nd Floor _____ Roof _____ Other _____

W. TYPE OF FINISHED FLOOR: Hard () Soft () Tile ()

X. TYPE OF INSIDE FINISH: Plastered () Sheetrock () Sheathing () Other (Specify) _____

Y. SPECIFY GRADE OF ALL STRUCTURAL MATERIAL _____

REMARKS:

Applicant agrees to give the Inspector of Buildings 24 hours notice before leaving, pausing or closing its working on this building. The building will conform to the requirements of the law.

NOTE: All applications for New Buildings and Large Additions shall be accompanied by two (2) copies of plans and specifications. Applications for small additions, sheds, etc. shall be accompanied by one (1) copy of plans and specifications.

An accurate Site Plan shall accompany all applications.

Building Plans & Specifications and Site Plans shall be in sufficient detail to allow Building Official to determine compliance with the Building Code.

OCCUPANCY OF BUILDING/STRUCTURE AUTHORIZED BY BUILDING PERMIT IS PROHIBITED UNTIL OCCUPANCY PERMIT ISSUED BY INSPECTOR OF BUILDINGS.

4 IDENTIFICATION - To be completed by all applicants

	Name	Mailing address - number, street, city, and State	Zip Code	Tel. Number
1. Owner or Lessee				
2. Contractor				
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application Date
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5 PLAN REVIEW RECORD - For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL HEAT		\$					
ELECTRICAL		\$					
OTHER _____		\$					

6 ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Date Obtained	Date	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

7 VALIDATION

Building Permit Number _____

Building Permit issued _____ 19____

Building Permit Fee \$ _____ Certificate of Occupancy \$ _____

Date _____ Date _____

Zoning Review By _____

Building Review By _____

Other Agencies Referred To: _____

Approved By: _____

INSPECTOR OF BUILDINGS _____

DATE _____

B ZONING

DISTRICT

USE

FRONT YARD

SIDE YARD



SIDE YARD

REAR YARD

PERCENTAGE OF LOT COVERAGE

B SITE OR PLOT PLAN - For Applicant Use (IF NOT PROVIDED SEPARATELY)

NAME STREET, AVENUE, COURT OR WAY


USING THIS AS
STREET, SHOW
SITE OR PLOT
PLAN
HERE 

INSTRUCTION SHEET

The Building Permit Job Card must be posted in a window visible from the street.

Required inspections:

Foundation Inspection: Prior to Backfill

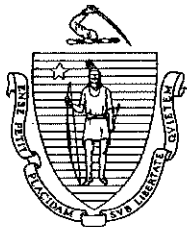
Rough Inspection: After all rough plumbing and electrical is installed

Insulation Inspection: Upon completion of insulation and vapor barrier

Final Inspection: Upon completion of all work

Occupancy Permit: Issued at the Building Inspector's Office. Bring job card with all required signatures to the Building Inspector's Office. The Inspector's Office is open Wednesday nights from 5:00 to 7:00 p.m.

The Building Inspector schedules inspections on Friday afternoons and Saturday mornings. Please plan accordingly. Telephone: 978-768-2514.



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

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

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 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 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 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 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.

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



TOWN OF ESSEX



INSPECTOR OF BUILDINGS

TOWN HALL, MARTIN STREET, ESSEX, MASSACHUSETTS 01929

CHECK LIST TO OBTAIN A BUILDING PERMIT

- 1) COMPLETE A BUILDING PERMIT APPLICATION.
- 2) CORRECT MAP AND LOT NUMBER FOR LOCATION OF BUILDING.
(MAY BE OBTAINED FROM ASSESSOR'S OFFICE)
- 3) INCLUDE COPIES OF CONTRACTOR'S LICENSES (CONSTRUCTION LICENSE AND HOME IMPROVEMENT CONTRACTOR LICENSE).
- 4) TWO SETS OF BUILDING PLANS.
- 5) TWO ACCURATE SITE PLANS TO SCALE.
- 6) APPROVAL FROM THE BOARD OF HEALTH (BUILDING PLANS MUST HAVE THEIR STAMP ON THEM). **Please note: The Board of Health requires two-weeks lead-time to review plans/building permits. With that in mind, please plan on submitting your building permit/plans to the Board of Health office at least 2 weeks in advance of when you need to obtain your permit.**
- 7) APPROVAL FROM THE ESSEX CONSERVATION COMMISSION.
- 8) AN ENERGY REPORT FOR ALL NEW CONSTRUCTION.
- 9) OFFICIAL 911 DESIGNATION FROM ESSEX FIRE DEPARTMENT.
- 10) D.P.W. CURB CUT PERMIT.
- 11) D.P.W. SEWER APPROVAL (IF APPLICABLE).
- 12) PLANNING BOARD REVIEW.



TOWN OF ESSEX

INSPECTOR OF BUILDINGS

TOWN HALL, MARTIN STREET, ESSEX, MASSACHUSETTS 01929



Building Permit Application Routing & Approval Form

Revised September, 2001

Name of Applicant: _____ Name of Agent/Builder: _____ Lic# _____

Property Address (per 911): _____ Map: _____ Lot: _____ Card: _____

- 1. Original Application Received for Processing by Building Inspector on _____ Initials _____
- 2. Reviewed by Board of Health on _____ N/A _____ Approved _____ Initials _____
- 3. Reviewed by Water/Wastewater on _____ N/A _____ Approved _____ Initials _____
- 4. Curb Cut Reviewed by DPW on _____ N/A _____ Approved _____ Initials _____
- 5. Special Pmt. Reviewed by Planning Board on _____ N/A _____ Approved _____ Initials _____
- 6. Reviewed by Conservation Commission on _____ N/A _____ Approved _____ Initials _____
- 7. 911 Reviewed by Fire Department on _____ N/A _____ Approved _____ Initials _____
- 8. Approved/Signed by Building Inspector on _____ Initials _____

9. Conditions

Specific notes or conditions imposed by any Department during the approval process shall be listed below:
Bldg. Inspec. Initials here if complied:

- Check here if a Board of Health sign-off is required prior to issuance of an occupancy permit..... _____
- Check here if a Cons. Comm. sign-off is required prior to issuance of an occupancy permit..... _____

Others (use one line each):

10. Occupancy Permit – Sign-offs will be obtained on job field card.

- 11. Signed by Board of Health on _____ N/A _____ Approved _____ Initials _____
- 12. Signed by Water/Wastewater on _____ N/A _____ Approved _____ Initials _____
- 13. Signed by Fire Department (fire alarms) on _____ N/A _____ Approved _____ Initials _____
- 14. Signed by Conservation Commission on _____ N/A _____ Approved _____ Initials _____
- 13. Signed by Building Inspector on _____ N/A _____ Approved _____ Initials _____

No application will be deemed complete and ready for processing without payment of the proper fee.

No building permit or occupancy permit will be issued by the Building Inspector unless this form has been properly executed by each of the contributing departments as applicable.

All applicants are encouraged to contact DIGSAFE at (888) 344-7233 if any digging or excavation is required.

Carrying this form and its associated documents to Town departments is the responsibility of the applicant.



BOARD OF HEALTH

TOWN HALL, 30 MARTIN STREET, ESSEX, MASSACHUSETTS 01929-1219

TELEPHONE (508) 768-7614

Board of Health Requirements for Reviewing Building Permit Applications

The Board of Health must determine that the proposed project a) will not cause the building or buildings on the lot to exceed the sewage flow capacity of the existing or proposed septic system, and b) will not infringe on the existing or proposed septic system within setbacks defined in Title 5, and c) has an adequate, safe water supply if on a private well. As such, the Board must be provided with the following in every case:

1. *A map, plan, or schematic of the proposed work depicting its proximity to the existing or proposed septic system...* This document may be drafted by the homeowner but is subject to verification by Board staff who will compare the document to information available in the public record or conduct a site visit. If the Board staff cannot verify the accuracy of the document using the above methods the owner may be asked to have a third party such as a septic system pumper, installer, inspector, or designer provide verification on their behalf.
2. *Plans depicting the actual nature of the project...* Floor plans must be provided for any project which proposes to construct or modify any structure which has plumbing or which will have plumbing as a result of the project. In the case of a renovation of an existing structure floorplans must depict the structure as it currently exists and after the proposed project is completed. These "before" and "after" views must be drafted for each level (i.e. first floor, second floor) of the structure to which changes will be made and may be as simple as an accurate sketch drawn by the homeowner.
3. *A copy of the water supply certificate for the new well (usually new construction)...* This document is issued by the Board after a well has been drilled and tested for flow and quality.
4. *A valid disposal works construction permit for the new septic system (if applicable)...* This permit is issued by an agent of the Board after a septic system design plan has been reviewed and approved by the Board of Health and by the Department of Environmental Protection (if necessary).

Board of Health Requirements for Endorsing Occupancy Permits

Any project which requires an occupancy permit (usually new construction) must be reviewed by various Town departments upon completion. Each department assesses those aspects over which they have jurisdiction and, if all requirements are met, will endorse the occupancy permit prior to signature by the Building Inspector. In the case of the Board of Health a certificate of compliance must have been granted for the new septic system.

“CAUTION TO NOTICE OF INTENT FILERS: Please be advised that filing for a notice of intent without the requisite project approvals from other Town departments may cause the processing of your filing to be delayed beyond the Conservation Commission’s legal project review window. If this occurs, you will be asked to re-file your application and to bear the expense of reapplication and re-advertisement. As such, the Conservation Commission strongly encourages you to obtain all necessary project approvals from other departments before you file a notice of intent. Filing a notice of intent before other approvals are obtained is done so at your own risk and expense.”

- Essex Conservation Commission

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