



# Hampshire Inspection Program

CHESTERFIELD GOSHEN HUNTINGTON MIDDLEFIELD WILLIAMSBURG

Paul F. Tacy, BUILDING COMMISSIONER

PHONE: (413) 296-0127

FAX: (413) 296-0147

## Building Permit Application for NEW DWELLING (residence) Only

*For all other projects, use Permit to Alter application*

THE ENCLOSED APPLICATION FORM AND WORKERS COMPENSATION INSURANCE AFFIDAVIT MUST BE FILLED OUT COMPLETELY, SIGNED AND DATED.

### All applications must include the following:

- ASSESSORS' TAX MAP AND PARCEL NUMBERS**  
Contact your town's Board of Assessors for their assigned Tax Map and Parcel numbers.  
(note: This is NOT the 'Book/Page' number that was assigned by the Registry of Deeds)
- STREET NUMBER**  
Obtain assigned street number (contact person/phone number is in reference packet, following application section)
- SITE PLAN**  
Clearly drawn - show distances from all lot lines\* to:  
Existing and proposed buildings  
Septic system, well, driveway  
Any wetlands (stream, pond, marsh, etc.)  
\* NOTE: Edge of road pavement is probably NOT the lot line - required setback cannot include town land
- DRIVEWAY PERMIT**  
Copy of permit received from Highway Superintendent
- PROOF OF POTABLE WATER**  
Enclose copy of water test results from registered laboratory
- SEPTIC INSTALLATION PERMIT**  
Enclose copy of permit received from Board of Health
- CONSERVATION COMMISSION SIGN OFF**  
Contact the conservation commission before applying for building permit  
and provide evidence that they have reviewed the project
- THREE SETS OF BUILDING PLANS**  
(plans which are incomplete or lacking in sufficient detail cannot be accepted, and will be returned, delaying the application process).  
Clearly drawn to scale, and of sufficient detail, plans must include:  
-Floor plans (including basements, garages and other non living space)  
-Elevations - minimum of four exterior elevations  
-Framing cross sections showing all foundation and framing details and sizes of members  
-All window and door sizes must be noted on plans  
-All prefabricated components (e.g. trusses) must be shown and bear the stamp of a Mass. certified engineer  
-Location of Smoke, Heat and CO detectors
- ENERGY CALCULATIONS**  
All applications must include verification of compliance with energy provisions of the Mass. State Building Code.  
This will involve calculations of energy efficiency of the structure. You can download RESCheck program at [www.energycodes.gov/rescheck](http://www.energycodes.gov/rescheck). PLEASE NOTE: These calculations must be included with your permit application!
- OWNER'S SIGNATURE**  
*ALL* applications must be signed by the OWNER OF RECORD.  
If owner is acting as general contractor, the Homeowner License Exemption form must be completed

### Completed applications may be submitted during office hours or mailed to:

Hampshire Inspection Program  
P.O. Box 175  
Chesterfield, MA 01012

#### **Office Hours:**

Chesterfield - 422 Main Road (Davenport School Bldg): Monday, Tuesday, Wednesday 8:45 AM - 12:30 PM  
Huntington - Town Hall - Wednesday 7:30 PM

# APPLICATION FOR CONSTRUCTION OF NEW DWELLING

Chesterfield    Goshen    Huntington    Middlefield    Williamsburg

NOTE: FOR ALL OTHER RESIDENTIAL PROJECTS, USE PERMIT TO ALTER APPLICATION

**\*Use of proposed building:**        One Family        Two Family

**\*Location of work (Street and Number):** \_\_\_\_\_

**\*Side of street:**        N        E        S        W   **\*Nearest intersecting street:** \_\_\_\_\_

**\*Is this road a**    Public way    Private way    Other

**\*LOT SIZE** (area in square feet): \_\_\_\_\_   **\*FRONTAGE** (feet): \_\_\_\_\_

**\*Flood Zone:** \_\_\_\_\_   **Outside Flood Zone:**    **\*Water Supply:**    Public    Private

**\*Give the distance to lot lines as viewed from street**   (please see reference chart for requirements):

Front: \_\_\_\_\_   Left: \_\_\_\_\_   Right: \_\_\_\_\_   Rear: \_\_\_\_\_

<u>TOWN</u>	<u>FRONT SETBACK</u>	<u>SIDE/REAR SETBACK</u>
Chesterfield	50	20
Goshen	30	10
Huntington	30	20
Middlefield	40	40
Williamsburg	40	15

**\*Sewage Disposal System** (check one):    Municipal    On site disposal system

**\*Cost of proposed work:** \$ \_\_\_\_\_   **\*Size of building:** \_\_\_\_\_ X \_\_\_\_\_

**\*Number of stories above grade:** \_\_\_\_\_   **\*Total # of bedrooms:** \_\_\_\_\_

**\*Square footage- living space:** \_\_\_\_\_   **\*Method of heating/cooling & type of fuel:** \_\_\_\_\_

**\*Number of Chimneys:** \_\_\_\_\_   **\*Wood/coal stoves:** \_\_\_\_\_

**\*Type(s) of insulation:** \_\_\_\_\_   **\*Interior wall/ceiling finish:** \_\_\_\_\_

**\*Type of siding:** \_\_\_\_\_   **\* Roof covering:** \_\_\_\_\_

**\*Species of framing lumber:** \_\_\_\_\_

**(FOR NATIVE LUMBER: a grade stamp from a Mass. certified mill is required)**

In accordance with the provisions of MGL c40, § 54, a condition of a Building Permit is that any debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150a.

**\*The debris resulting from this project will be disposed of in:** \_\_\_\_\_

*(location of facility)*

## **→SIGNATURES OF LOCAL COMPLIANCE←**

Conservation Commission: \_\_\_\_\_    Other: \_\_\_\_\_ for \_\_\_\_\_

Special permit    Variance granted by \_\_\_\_\_ Board \_\_\_\_\_

**\*Owner's name:** \_\_\_\_\_ **\*Phone #1:** \_\_\_\_\_ **\*Phone #2:** \_\_\_\_\_  
**\*Owner's MAILING address:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_  
**\*Name of Mortgage Lender** \_\_\_\_\_ **\*Phone** \_\_\_\_\_  
**\*Homeowner's Insurance Co.** \_\_\_\_\_ **\* Agency** \_\_\_\_\_ **\*Phone** \_\_\_\_\_

**\*Contractor's name:** \_\_\_\_\_ **\*Phone #1:** \_\_\_\_\_ **\*Phone #2:** \_\_\_\_\_  
**\*Contractor's MAILING address:** \_\_\_\_\_ **\*Zip:** \_\_\_\_\_

**→Photocopy of contractor's Mass. C. S. License must be included with each application  
(IT IS NOT KEPT "ON FILE")**

**\*Construction Supervisor's License #:** \_\_\_\_\_ **\*Expiration Date:** \_\_\_\_\_  
**\*List CSL Type** (see choices below): \_\_\_\_\_

TYPE	DESCRIPTION
U	Unrestricted (up to 35,000 Cu.Ft)
R	Restricted 1&2 Family Dwelling

*I, the undersigned certify that I am the owner of the property herein described, and that all statements made herein are true and accurate to the best of my knowledge and belief. I further certify that all work performed by authority of any permits granted as herein applied for shall be in accordance with this application, including plans and other documents on file with the Building Commissioner, and shall comply with the Massachusetts State Building Code, and all local, state and federal laws and regulations.*

*I authorize the licensed Construction Supervisor (if any) who has signed below to act as my agent in all matters concerning this permit.*

**\*REQUIRED** - OWNER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
CONTRACTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**HOMEOWNER LICENSE EXEMPTION** (Required when applicant is NOT a licensed contractor)

**DEFINITION OF A HOMEOWNER:**

Person(s) who own a parcel of land on which he/she resides or will reside, on which there is, or is intended to be, a one to three 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 homeowner. Such homeowner shall submit to the Building Commissioner on this form that he/she shall be responsible for all such work performed under the building permit. As acting Construction Supervisor, your presence on the job site shall be required from time to time, during and upon completion of the work for which the permit is issued.

Also be advised that with reference to GL Chapter 152 (Workers' Compensation) and Chapter 153 (Liability of Employers to Employees Laws Annotated), you may be liable for persons you hire to perform work for you under this permit.

As Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c.142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulation 110.R6 and 110.R5, respectively.

*The undersigned certifies that he/she qualifies as a Homeowner as defined above, and assumes responsibility for compliance with the Massachusetts State Building Code, state and local zoning laws, and Massachusetts General Laws Annotated.*

\_\_\_\_\_  
**Signature of Homeowner**

**FOR OFFICE USE ONLY:**

PERMIT #: \_\_\_\_\_ Assessors' Map/Parcel: \_\_\_\_\_ / \_\_\_\_\_ Zoning Dist: \_\_\_\_\_  
FEE: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Use Group: \_\_\_\_\_  
LS: \_\_\_\_\_ Unfin: \_\_\_\_\_ Gar: \_\_\_\_\_ Dk/por: \_\_\_\_\_ other: \_\_\_\_\_



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> |
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**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."

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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)

## **HAMPSHIRE INSPECTION PROGRAM**

CHESTERFIELD~GOSHEN~HUNTINGTON~MIDDLEFIELD~WILLIAMSBURG

P.O. Box 175 ~ 422 Main Road, Chesterfield, MA 01012

Ph: 413-296-0127 ~ Fax: 413-296-0147

Office hours: (Chesterfield-Davenport School Bldg) Monday, Tuesday and Wednesday  
8:45a.m. - 12:30p.m.

(Huntington-Town Hall) Wednesday evenings 7:30 p.m.

Please keep this section  
for your reference.

- ❖ If your application is received without all the necessary information for issuing a building permit, it will be promptly returned to you with a letter indicating what is needed.
- ❖ For a listing of what is needed to process and issue a building permit, please refer to the *front cover of this application*.
- ❖ If you need further information or assistance filling out this application, please call our office at (413)296-0127 during the hours listed above.

### NOTICE

#### **TO GOSHEN RESIDENTS**

#### **ONLY**

The Town of Goshen Board of Assessors request that a set of building plans be brought to them prior to construction.

Board of Assessors' office is open

Wednesday evenings 6:30-8:30 pm

Town Hall, Main Street

If you have any questions regarding this request,  
please direct to (413) 268-7856.

## Town Boards & Inspectors

	<b>Chesterfield</b>	<b>Goshen</b>	<b>Huntington</b>	<b>Middlefield</b>	<b>Williamsburg</b>
<b>Board of Health</b>	John Chandler 296-4004	Jackie Duda 268-8404	Brian Slayton 562-7286	Walter Smith 623-8769	Jackie Duda 268-8404
<b>Zoning Board of Appeals</b>	Beverly Sunderland 296-0032	Tom Vincent 268-3804	George Webb 667-3428	Peter Oigny 623-8320	Gerry Mann 268-9049
<b>Planning Board</b>	Alexandra Cherau 296-4573	Roger Culver 268-3316	Steve Hamlin 667-3346	Call Town Offices 623-2079	Roger Bisbee 268-3225
<b>Conservation Commission</b>	John Follett 634-0221	Sandra Papush 268-8244	Susan McIntosh 667-8893	Steve Cummings 623-5083	Tom Hodgkins 268-7805
<b>Town Assessors</b>	Kelly Hopkins 296-4010	Jim Lyons 268-7856	Sue Kellam 667-3501	623-8966	Margie Dunphy 268-8403
<b>Electrical Inspector</b>	Jack Lyons 296-4399	Curt Golec 320-1156	Bernie Battles 354-2337	Eric Main 623-2316	George Fournier 586-2434
<b>Plumbing Inspector</b>	Don Lawton 268-7487	Don Lawton 268-7487	Tom Broga 354-6307	William Zeitler 655-8101	Don Lawton 268-7487
<b>Fire Chief</b>	Gil Smith 268-3275 day 296-4049 eve	Sue Labrie 268-7161	Gary Dahill 667-3368	Larry Pease 623-5072	Don Lawton 268-7233
<b>Highway Department</b>	Ed Dahill 296-4727	John Zapka 268-7062	Wayne McKinney 667-3504	Keith Porter 623-5532	Bill Turner 268-8405
<b>Assigned Street Number</b>	Paul Tacy 296-0127	Steve Mollison 268-3241 268-7161	George Peterson 667-5510	Larry Pease 623-5072	Board of Assessors 268-8403

## NOTICE

At the request of your local Police Department,  
we would like to remind everyone to  
keep your construction site secure.  
There has been a rash of break-ins,  
with construction equipment being stolen.  
Please be sure to keep all tools, supplies and equipment safe  
by locking them up  
or removing them when no one is on site.

**If you have any questions,  
please contact your local Police Department**  
Chesterfield - 296-4353                      Huntington - 667-8868  
Goshen - 268-3116                              Middlefield - 442-0512  
Williamsburg - 268-7237

# **RES Check**

compliance report

for

**MASSACHUSETTS ENERGY CODE**

can be downloaded from the following web address:

[www.energycodes.gov/rescheck](http://www.energycodes.gov/rescheck)

\*\*Manual Trade-off worksheets are available for those without access to a computer.

if you need to obtain a Manual Trade-off Worksheet,  
please call our office at 413-296-0127.

## **NOTICE**

*Before signing the **Homeowner's License Exemption** be aware:*

- You will be personally responsible for all work on this project.
- You will be responsible to see that all work meets the Massachusetts Building Code.
- You must supervise all work.
- You will waive all rights to the Massachusetts Guaranty Fund.
- You will be the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have a need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you don't carry Workmen's Compensation Insurance.
- Failure to carry Workmen's Compensation Insurance may result in criminal penalties, (i.e. fines and/or imprisonment).

This notice has been assembled because we have found that many who sign the Homeowner's License Exemption are not aware of the responsibilities of acting as General Contractor.