

This Section For Official Use Only

Building Code Edition: 9th Building Permit Number: _____

Building Official Signature _____

Date _____ / _____ / _____



Town of Hamilton Building Permit Application

To Construct, Repair, Renovate Or Demolish



Massachusetts State Building Code, 780 CMR

APPLICANT : PLEASE COMPLETE SECTIONS #1-18 & ALL ON THE SECOND PAGE

1. Property Address: _____

2. Owner of Record: _____

Name (Print) _____ Telephone (_____) _____ Email Address _____

3. Roof Repairs and Replacement

Number of Squares: _____

Type of Shingle: _____

4. Siding

Type of Siding: _____

Sign off from Water Dept Required

5. Dumpster

Yes No

Form signed by Fire Dept Required

6.

A Trench Permit will not be required

A Trench Permit will be required

7. Brief, Specific, Description of Work: _____

8. If demolishing a portion of a structure; what percentage is being demolished: _____%

9. Year Built: _____

10. Property Dimensions: _____
Lot Area Frontage (ft)

11. Water Supply: Public Private

12. Number of Units in Building: _____

13. Zoning Information: _____
Zoning District Current Use (Residential/Commercial)

14. Is the application for a Change of Use? Yes No

15. Outside Flood Zone? Yes No

16. Is the property located within the Bay Road Historic District?
 Yes No

17. Item

18. Estimated Costs: (Labor and Materials)

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1. Building

\$

1. Building Permit Fee: \$50.00 - plus \$10/1,000 of Total Project Cost

2. Electrical

\$

2. Standard Town Application Fee \$ 50.00

3. Plumbing

\$

3. Total Project Cost \$ _____ x 10 \$ _____

4. Mechanical (HVAC)

\$

4. Total Fees: \$ _____

5. Mechanical (Fire Suppression)

\$

5. Check No. _____ Check Amount: _____ Paid in Full

6. Total Project Cost:

\$

6. Date Received: _____ / _____ / _____

REQUIRED APPROVAL FORM

	REQUIRED APPROVAL FORM	
Building Inspector will check if required	See below if approval is definitely required with or without the determination of the Building Inspector	<u>Approvals</u>
	<p>Required for all Siding Jobs and all New Construction or if determined necessary by the Building Inspector.</p> <p><i>(For New Construction Water Department may require payment for new water meters prior to approval of Building Permit)</i></p>	<p><u>Water Department</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>
	<p>Required if determined necessary by the Building Inspector.</p> <p><i>(Further approvals by Planning Board may be required)</i></p>	<p><u>Planning Department</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>
	<p>Required for all pool applications prior to submission to Building Department or if determined necessary by the Building Inspector</p> <p><i>(Further approvals by Conservation Commission may be required)</i></p>	<p><u>Conservation Commission Agent</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>
	<p>Required for all New Construction and if determined necessary by the Building Inspector</p> <p><i>(Further approvals by Fire Department may be required)</i></p>	<p><u>Fire Department</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>
	<p>Required for all New Construction if determined necessary by the Building Inspector</p> <p><i>(Further approvals by DPW may be required)</i></p>	<p><u>Department of Public Works</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>
	<p>Required if determined necessary by the Building Inspector</p> <p><i>(If property was built prior to 1940 and more than 49% demolition is proposed or if property is in Historic District, further approvals may be required)</i></p>	<p><u>Historic Commission</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>
	<p>Required for all New Construction & all Pool Applications prior to submission to Building Department or determined necessary by the Building Inspector</p> <p><i>(Other approvals may be required by the Board of Health)</i></p>	<p><u>Board of Health Agent</u></p> <p>Signature: _____ Date: __/__/__</p> <p>Notes:</p>



Estimated Cost of Construction Document

Section I

For the property located at:

_____, Hamilton, MA 01982

_____, being the person referred to as the Owner or Authorized Representative identified below, do solemnly swear that the statements herein are strictly true and correct and made in good faith.

Signature of Owner or Authorized Representative

____/____/____
Date

Section II

To be completed with Building Permit Application:

Estimated Total Construction Cost \$ _____ (as stated on signed contract) Date: ____/____/____

Section III

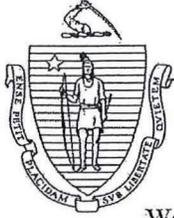
To be completed once construction is complete and given to the Building Inspector at Final Inspection prior to receiving Certificate of Occupancy or a Certificate of Completion.

Final Total Construction Cost \$ _____

Signature of Owner or Authorized Representative

____/____/____
Date

The Building Inspector may determine that an additional fee may be required prior to receiving Occupancy Permit.



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <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 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.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

A Building Permit Application must include:

- ✓ A complete Building Permit Application
- ✓ Certificate of Insurance with the Town of Hamilton as the Certificate Holder
- ✓ A copy of the signed contract between the Contractor and the Property Owner
- ✓ A complete Estimated Cost of Construction Document Form
- ✓ Copies of contractor's licenses
- ✓ Two sets of building plans detailing the proposed construction activity and the specifications
- ✓ Workers' Compensation Insurance Affidavit Form. For homeowners doing the work themselves: the Workers' Compensation Insurance Affidavit is required.
- ✓ If Homeowners are doing the work a Homeowners Doing their own Work Form must be submitted

Important Information:

For all New Construction proposed HERS Energy Rating is required with Building Permit Application, a Mid-Point Report, and a final HERS Certificate is required for Occupancy Permit.

For all New Construction and additions which increase the footprint a stamped As-Built Plan for the foundation is required prior to proceeding with construction.

An 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

All work done without permits will be subject to triple fees. No work may be started without an approved permit. The fee for Certificates of Completion/Certificates of Occupancy is included in the building permit. Permit fees are payable at the time of issuance of the permit. If work is not done to code the Building Inspector may impose a \$50 Re-Inspection Fee which will be payable before any further inspections.

WORKERS' COMPENSATION INSURANCE AFFIDAVIT - M.G.L. c. 152. § 25C (6) Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide Affidavit will result in the denial of the issuance of the Building Permit.

Required contract terms in a Home Improvement Contract, as well as a sample Contract may be found on the State web site: <https://www.mass.gov/service-details/required-contract-terms-in-a-home-improvement-contract>