

***Town of Stockbridge***  
**Building Inspections Department**  
**6 Main Street – Town Hall**  
**Stockbridge, MA 01262**  
**FAX (413) 298-4485**  
**TEL (413) 298-3233**

**APPLICATION TO CONSTRUCT, REPAIR, OR RENOVATE  
A ONE- OR TWO- FAMILY DWELLING**

- 1.) Building permit application, including Construction Debris Affidavit, filled out and signed by legal owner or agent.
- 2.) Completed Insurance Affidavit concerning Workers' Compensation & Liability Insurance (form attached).
- 3.) Three sets of plans and specifications showing the proposed work.
- 4.) Plot plan showing existing structure(s) and new work, with measured setbacks from property lines, wetlands, well and septic locations.
- 5.) If any buildings are to be demolished, the applicant must supply a Demolition Permit.
- 6.) Conservation Commission Notification of Jurisdiction if there is to be any excavation.
- 7.) Certified copy of payment of taxes from Town Tax Collector.
- 8.) Applicants with private septic systems must receive a Title V status statement from the Tri-Town Health Department for any addition of sleeping rooms. Applicants with town sewer must furnish proof that sewer hook-up fees have been paid.

**FOR NEW DWELLINGS  
(in addition to the requirements above)**

- 9.) Water: Applicant must provide: (a) notice from Water Department that water tie-in fees have been paid, or (b) certificate from Tri-Town Health indicating completed installation and testing.
- 10.) Septic: Applicant must provide: (a) notice from the Sewer Department that sewer tie-in fees have been paid, or (b) disposal works permit received from Tri-Town Health.
- 11.) Curb cut permit. Application available from Selectmen's Office.

**NO WORK SHALL BE STARTED BEFORE PERMIT IS ISSUED.**

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**IMPORTANT – BEFORE CALLING FOR AN INSPECTION**

- A. For footings, sono tubes and foundation walls, please call at least 48 hours in advance of when you want to pour – inspections will be done for proper depth, steel, etc. as required.
- B. Structural and insulation inspections, please call at least 48 hours in advance. Inspection will not be carried out unless plumbing and wiring inspectors have signed off as needed. No exceptions.
- C. Final inspections, please have all inspectors signed off as needed i.e. wire, plumbing, gas, and smoke detectors inspection. No final inspection will be done prior to this having been done.

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Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_  
Owner Tel#: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contr. Address: \_\_\_\_\_  
Contr. Tel#: \_\_\_\_\_ Contr. Address: \_\_\_\_\_  
Contr. Lic/Reg#: \_\_\_\_\_

Arch. or Eng.: \_\_\_\_\_ Address: \_\_\_\_\_  
Tel#: \_\_\_\_\_ Mass. Reg#: \_\_\_\_\_

**PLEASE PROVIDE ALL APPLICABLE DATA**

<b>A.) Type of Permit Requested:</b>  1. New Construction : _____ 2. Addition : _____ 3. Alter/Renovation : _____ 4. Foundation Only : _____ 5. Temporary : _____ 6. Change of Use : _____ 7. Other : _____	<b>B.) Property Usage:</b>  R-1 Motel/Hotel : _____ R-2 Multi-Family : _____ R-3 One/Two Family : _____ (attached) R-4 One/Two Family : _____ (detached) R-5 Group Residence : _____	<b>C.) If Addition please check:</b> Attached Deck/Porch : _____ Detached Garage (U) : _____ Shed/Utility Bldg (U) : _____ Mobile Home (R-4) : _____ Modular Home (R-4) : _____ Fireplace/Chimney : _____ Swimming Pool : _____ Other (explain) : _____
<b>D.) Assessor Data:</b>  Map #: _____ Lot #: _____ Zoning District : _____	<b>E.) Building Dimensions (from prints)</b> 1.) # of Stories : _____ 2.) Basement (Y/N) : _____ 3.) Bldg. Height : _____ 4.) Bldg. Sq. Ft. : _____ 5.) Width : _____ 6.) Length : _____	<b>F.) Foundation Setbacks (from site plan)</b> 1.) Front : _____ 2.) Rear : _____ 3.) Left Side : _____ 4.) Right Side : _____ 5.) Lot Sq. Footage : _____ 6.) % Lot Covered : _____
<b>G.) Principal Type of Heat</b>  1.) Coal : _____ 2.) Gas : _____ 3.) Oil : _____ 4.) Wood : _____ 5.) Electric : _____ 6.) Other : _____	<b>H.) Residential Section: Totals</b>  Total Kitchens : _____ Total Bedrooms : _____ Total Bathrooms : _____ Total Rent/BedRooms : _____ (sleeping rooms) Total Dwell/Units : _____	<b>I.) Estimated Costs of Project:</b> 1.) Structural : _____ 2.) Electrical : _____ 3.) Plumbing : _____ 4.) HVAC : _____ 5.) Gas : _____ 6.) All Other : _____ 7.) Total Costs : _____
<b>J.) Type of Construction (from Code Book)</b> 1A: _____ 3A: _____ 1B: _____ 3B: _____ 2A: _____ 4: _____ 2B: _____ 5A: _____ 2C: _____ 5B: _____	<b>K.) General Information:</b> Floodplain (Y/N) : _____ Wetlands (Y/N) : _____ Water Supply: Private : _____ Town : _____ Septic System: Private : _____ Town : _____	

**COMPLETE THE INFORMATION ON THE SUCCEEDING PAGE**

Please note:

No building or structure which is erected or altered shall be used, in whole or in part, for any purpose until a Certificate of Use and Occupancy is issued by the Inspector of Buildings.

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the Town of Stockbridge and Commonwealth of Massachusetts, and believe the work proposed to be in compliance with all zoning regulations, the Massachusetts State Building Code 780CMR, and the applicable specialized codes, rules, and regulations listed in Appendix G.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant must submit all applicable drawings, site plan, & forms before a permit may be granted.

NOTE: In order that this application may be accepted, the data called for above, along with all attached plans and forms, MUST be set forth in such a manner that it can be determined by the application and accompanying plans what the existing conditions are and what the future conditions will be.

## Construction Debris Affidavit (for all demolition and renovation work)

In accordance with the provisions of MGL c40, S54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL c111, S150A.

The debris will be transported by:

The debris will be disposed of in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This area for department use only*

Permit Date: \_\_\_\_\_ Permit #: \_\_\_\_\_ Special Permit #: \_\_\_\_\_

Variance #: \_\_\_\_\_ Fee Pd \$ \_\_\_\_\_

( ) Approved by: \_\_\_\_\_ ( ) Rejected by: \_\_\_\_\_

Reason: \_\_\_\_\_

# STOCKBRIDGE CONSERVATION COMMISSION NOTIFICATION OF JURISDICTION

Applicant: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Project Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Project Description: \_\_\_\_\_

(Please attach a plot plan showing the work to be done and a copy of the relevant portion of the Town Tax Map showing the location of the property.)

NOTE: The applicant is responsible for securing a signature from the Chairman and a member of the Conservation Commission. This Notification of Jurisdiction is part of the Building Permit Application package and must be completed in order to submit the Building Permit to the Building Inspector.

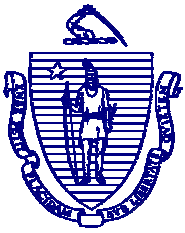
On the above referenced project, I have determined that the following actions must be taken under the Wetlands Protection Act (310 CMR 10):

- A. \_\_\_\_\_ A Notice of Intent must be filed, and an Order of Conditions issued before work can begin.
- B. \_\_\_\_\_ A Request for Determination of Applicability must be filed and a Determination of Applicability must be issued before work can begin.
- C. \_\_\_\_\_ Based on the information provided, it does not appear that the Conservation Commission has jurisdiction over any part of this project. Should changes be made in the design or location of any part of the project, or should additional information on site conditions become available, actions A or B above may be required prior to beginning work.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Chairman*

By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Member*

STOCKBRIDGE CONSERVATION COMMISSION



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 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 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 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)