



TOWN OF SUNDERLAND - OFFICE OF THE BUILDING INSPECTOR

12 SCHOOL STREET, SUNDERLAND, MA 01375

Phone: (413) 665-1433 Fax: (413) 665-1446 Erik Wight, CBO

ITEMS NECESSARY TO OBTAIN A BUILDING PERMIT

- FORM: Permit application filled out and signed.
FORM: Home Owner License Exemption/Contractor Registration
FORM: Site plan - locating structures in regard to lot lines
FORM: Worker's Compensation Insurance Affidavit
FORM: Driveway permit, if applicable & all necessary forms completed and fees included.
FORM: Copy of Conservation Commission site plan review, if applicable & all necessary forms (Site Review Permit Request) completed and fees included.
FORM: Debris Affidavit
Check for fee amount made payable to the Town of Sunderland

- A copy of an approved septic disposal permit (signed by the Board of Health) or sewer entrance permit (signed by the Board of Selectmen)
A copy of an approved water supply certificate (signed by the Board of Health for a Well or Town water entrance permit from Water District)
The following at the discretion of the Building Inspector:
a. Topographical layout; b. Drainage plan(s); c. Landscape plan(s)
Three (3) full scale building plans to scale
Section drawing showing type of construction and materials used
Fire Department approval of smoke detector location(s)

FEES

- New Construction, Comm., Res., Addition .....50¢ per sq. ft / \$25.00 min.
Unfinished living space or occupancy area in new construction (does not include basement area unless it is a raised ranch or walkout basement) .....25¢ per sq. ft / \$25.00 min.
Finishing unfinished areas for occupancy (includes basement area) .....25¢ per sq. ft / \$25.00 min.
Accessory Structures:.....20¢ per sq. ft. /\$25.00 min.
Foundation/Foundation Repair ..... \$25.00
Pools: ..... Above Ground - \$30.00 In Ground - \$50.00
Stoves, Chimneys, Furnaces, Fireplaces ..... \$ 35.00 each
Satellite Dish Antenna ..... \$ 35.00
Signs: Temporary 10 sq. ft. or over ..... \$ 25.00
Permanent 4 sq. ft. or under ..... \$ 35.00
Permanent over 4 sq. ft. ....1.5 cents per sq. inch / \$ 25.00 min.
Demolition ..... \$ 25.00
Moving Structures ..... \$ 35.00
Solar Panels; over 3 panels add \$5.00 per panel ..... \$ 25.00 min.
Air Supported Structure ..... \$100.00
TENT - Special purpose, amusement tent, temporary construction trailer..... \$ 25.00
Renewal or replacement of permit ..... \$ 25.00
Change of Use ..... \$ 25.00
Window Replacement ..... \$ 2.00 per window
Siding and Roofing ..... \$ 35.00
All other repairs/alterations not covered by above, fee based on \$8.50 per \$1,000.00 of the estimated cost with a minimum of \$25.00
If construction is started prior to obtaining a permit, the permit fee will be doubled.

Other Permits Required for Construction

Table with 3 columns: Permit Type, Contact Name, and Phone Number. Includes Electrical (Jim Tower), Plumbing (Jeffrey Hubbard), Well Construction/Septic Systems (Board of Health), Water District (Fred Laurenitis), Sewer Commissioners (Selectmen Office), Furnace Installation (Fire Department), Driveway Permit (Highway Depart), and Conservation Site Review (Curt Griffin).



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
Revised January  
1, 2008

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:** \_\_\_\_\_  
**1.2 Assessors Map & Parcel Numbers**  
Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

**1.3 Zoning Information:** \_\_\_\_\_  
Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_  
**1.4 Property Dimensions:**  
Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**1.6 Water Supply:** (M.G.L. c. 40, §54)  
Public  Private   
**1.7 Flood Zone Information:**  
Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes   
**1.8 Sewage Disposal System:**  
Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**  
Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**SECTION 6: 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 this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes .....  No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or 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.

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

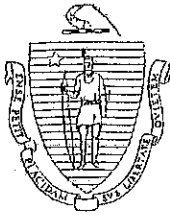
**NOTES:**

1. 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: \_\_\_\_\_

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"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
---	---

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 \*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

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

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

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. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_





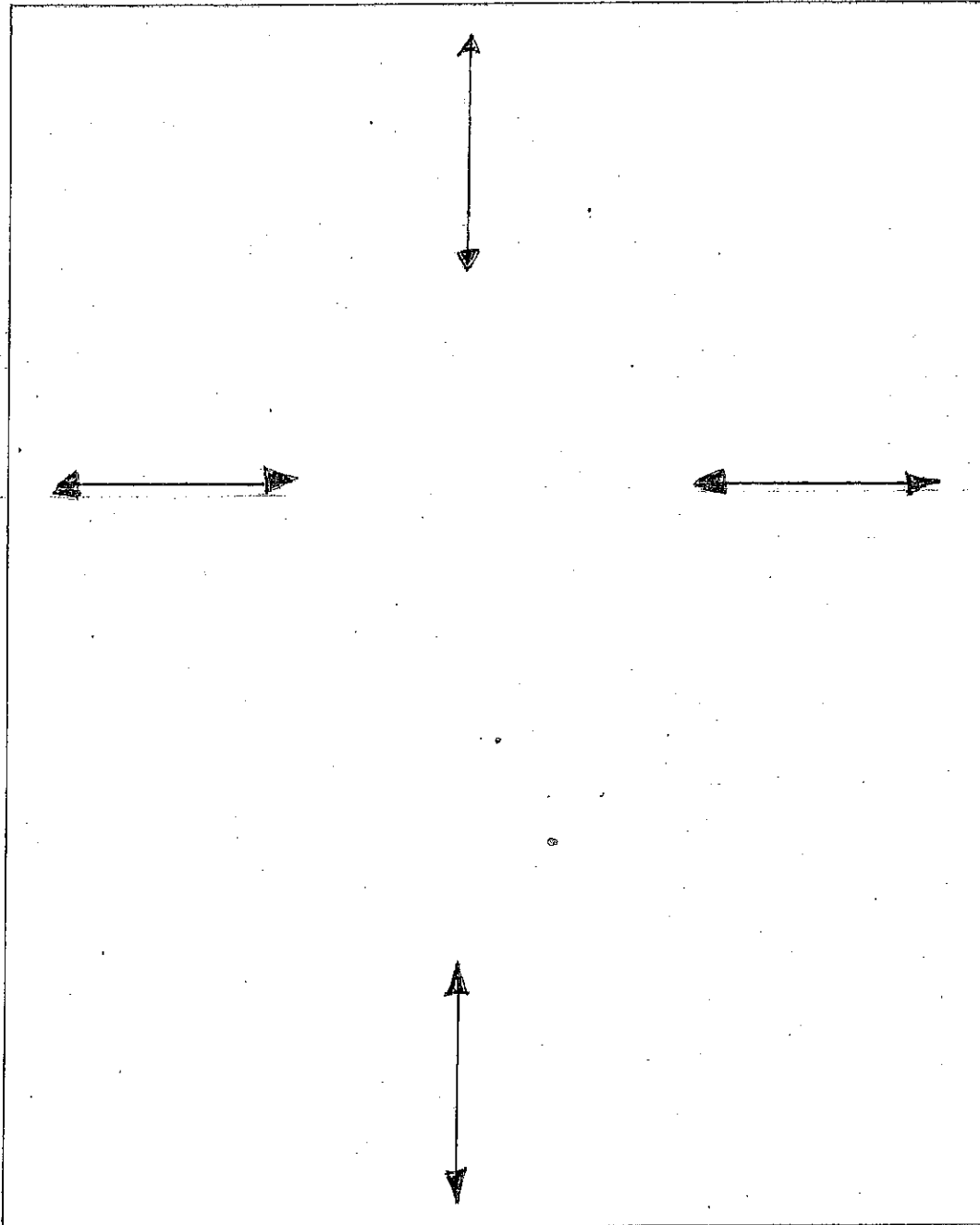
Office of the Building Inspector  
 Town of Sunderland  
**PLOT PLAN**

Map#: \_\_\_\_\_ Plot #: \_\_\_\_\_  
 Lot Size: \_\_\_\_\_

Rear Abutter's Name: \_\_\_\_\_  
 Lot Size: \_\_\_\_\_

Abutter's Name: \_\_\_\_\_  
 Plot #: \_\_\_\_\_

Abutter's Name: \_\_\_\_\_  
 Plot #: \_\_\_\_\_



Frontage Dimension: \_\_\_\_\_ Street Name: \_\_\_\_\_

\*\* INDICATE LOCATION & DIMENSIONS OF HOUSE, GARAGE, ADDITIONS OR ACCESSARY BUILDINGS \*\*

## DEBRIS AFFIDAVIT

As a result of the provisions of MGL c. 40, §54, I acknowledge that as a condition of this Building Permit, all debris resulting from this construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c. 111, §150A.

I certify that I will notify the Building Official of any change in the location of the solid waste disposal facility to be used, within 72 hours.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Permit Applicant

*Please print of type:*

\_\_\_\_\_

Name of Permit Applicant

\_\_\_\_\_

Firm Name (if applicable)

\_\_\_\_\_

Firm Address and Telephone Number

\_\_\_\_\_

Address of Property

*The debris will be disposed of:*

\_\_\_\_\_

Facility

\_\_\_\_\_

Address



SITE REVIEW PERMIT REQUEST

The Massachusetts Wetland Protection Act (WPA) requires that the Sunderland Conservation Commission protect the wetland, stream, and water resources of the town. Therefore, before the town building inspector can issue a building permit, the Conservation Commission must review all proposed construction activities to ensure that the WPA performance standards (regulations) are complied with. A site visit and/or additional state and local permits may be needed. To avoid delays, please submit this completed permit request to the Conservation Commission at least three (3) weeks prior to the date you expect to begin your construction work.

Requestor Information

Name \_\_\_\_\_ Date \_\_\_\_\_
Street 1 \_\_\_\_\_
Street 2 \_\_\_\_\_
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
PHONE #1 \_\_\_\_\_ Day [ ] Night [ ] Cell [ ]
PHONE #2 \_\_\_\_\_ Day [ ] Night [ ] Cell [ ]

Property & Proposed Work Information

Property Location, Line 1 \_\_\_\_\_
Line 2 \_\_\_\_\_

Map # \_\_\_\_\_ Lot # \_\_\_\_\_ This information can be found in the Assessor's maps in Town Hall

Please briefly describe the work or construction being done on the lines below

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

Is the work described above exempt from review under the Massachusetts Wetlands Protection Act (MA WPA)? Please see the checklist and certification area on the back of this form Yes [ ] \*No [ ]

\*If you answered no to the question above please attach the items listed below to this form.

- 1. A plan or plot plan showing the specific locations of the work described above- for example, construction work, new driveway, septic work, or well work, etc.
2. A check or money order in the amount of \$25.00 made payable to the Town of Sunderland



SITE REVIEW PERMIT REQUEST

Checklist & Certification

Please use the below checklist to determine if your work/project is exempt from the Mass. Wetland Protection Act (WPA)

Yes [ ] No [ ] Are you converting lawn to a deck, shed, patio, or pool that are accessory (are part of) a single family home?

Yes [ ] No [ ] Did the house exist before 7 August 1996?

Yes [ ] No [ ] Is the project/construction located more than 50 feet from the mean annual high water of a perennial stream or wetland?

If you answered YES to all three (3) of the questions above, your work/project is exempt from review under the WPA, Massachusetts Wetlands Protection Act. However, before the building inspector can issue a permit for your work/project you must complete, sign/certify, and file this form with the Sunderland Conservation Commission. Your signature below certifies that the information you provided on this form is true and accurate.

To the best of my knowledge, I certify that the above statements are true and my work/project is exempt from review under the WPA, Massachusetts Wetland Protection Act.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Questions & Conservation Commission Contacts

If you have questions you may contact one of the below Conservation Commissioners:

Curt Griffin, Chairperson 665-7990

What to do with your completed SITE REVIEW PERMIT REQUEST form

Please mail the completed form and its attachments to the address below or place it in the Conservation Commission drop box in Town Hall.

Sunderland Conservation Commission
12 School Street, Town Hall
Sunderland, MA 01375

TOWN OF SUNDERLAND  
HIGHWAY DEPARTMENT

DRIVEWAY ENTRANCE PERMIT

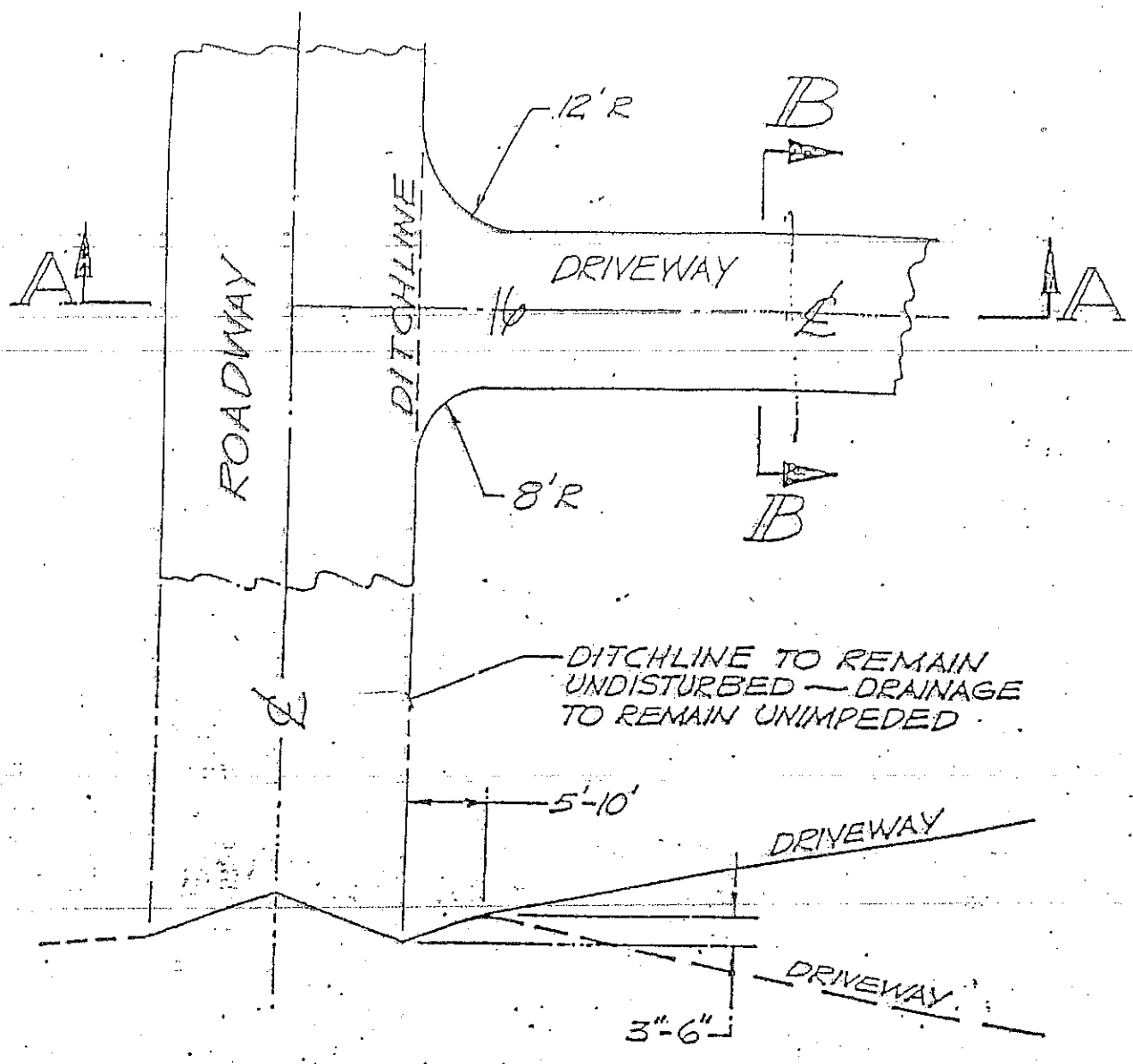
106-2 No person shall construct or alter the location of any driveway in town without first securing a permit, therefore, the fee of which shall be twenty-five dollars. (\$25.00), from the Highway Superintendent, who shall issue the permit if the proposal conforms generally to the standards of the Massachusetts Department of Public Works as to driveways connecting with state highways, and if the driveway itself conforms to safety standards for entrance and exit onto town ways; and no person having secured such a permit shall depart from such standards in constructing or altering such driveways.

\_\_\_\_\_  
Highway Superintendent

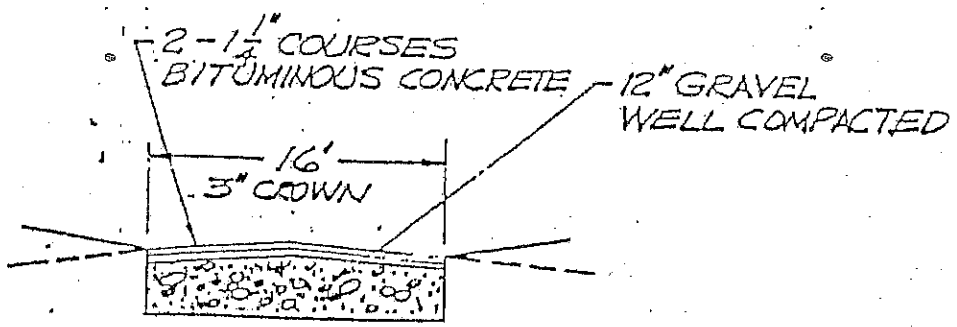
\_\_\_\_\_  
Applicant's Name:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Location of work to be done



SECTION A-A



SECTION B-B  
NO SCALE

TYPICAL DRIVEWAY CONSTRUCTION DETAILS

SUPERINTENDENT OF HIGHWAYS  
SUNDERLAND, MASSACHUSETTS

SCALE:  
HORIZONTAL 1" = 20'

SEPTEMBER 1986