



TOWN OF SUNDERLAND - OFFICE OF THE BUILDING INSPECTOR

12 SCHOOL STREET, SUNDERLAND, MA 01375

Phone: (413) 665-1433 / cell: 413-695-4095 Fax: (413) 665-1446 Erik Wight, CBO

(Call for inspection appointment)

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 - if applicable
FORM: Worker's Compensation Insurance Affidavit
FORM: Driveway permit, if applicable with all necessary forms completed and fees included.
FORM: Copy of Conservation Commission site plan review, if applicable with 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), dumpster permit\*\*, oil burner, LP gas

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
\*\*Dumpster Permit..... \$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
Trench Permit..... \$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

- Conservation Site Review Curt Griffin 665-7990
Driveway Permit Highway Depart 665-1460
Electrical Jim Tower 665-0979
Furnace Installation: Fire Department 665-2465
Plumbing Jeffrey Hubbard 665-7256
Sewer Commissioners: Selectmen Office 665-1441
Water District Fred Laurenitis 665-7685
Well Construction/Septic Systems Board of Health 665-1441



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**

<b>1.1 Property Address:</b>		<b>1.2 Assessors Map &amp; Parcel Numbers</b>	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
<b>1.3 Zoning Information:</b>		<b>1.4 Property Dimensions:</b>	
Zoning District _____	Proposed Use _____	Lot Area (sq ft) _____	Frontage (ft) _____

**1.5 Building Setbacks (ft)**

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

<b>1.6 Water Supply:</b> (M.G.L c. 40, § 54)	<b>1.7 Flood Zone Information:</b>	<b>1.8 Sewage Disposal System:</b>
Public <input type="checkbox"/> Private <input type="checkbox"/>	Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>

**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 <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> 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>
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\*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 #: \_\_\_\_\_

**HOME OWNER LICENSE EXEMPTION and/or CONTRACTOR REGISTRATION**

*This form must be submitted with applications for residential work*

The **license exemption** for a HOME OWNER applies only for permitted work on owner-occupied one and two family dwellings and farm structures. The exemption allows such home owner to obtain Building Permits, perform construction, and engage individuals for hire who may not be registered or possess a supervisor's license, provided that the owner acts as supervisor. The Home Owner, acting as supervisor, is then fully responsible for the project and compliance with the State Building Code.

The undersigned HOME OWNER assumes responsibility for compliance with the State Building Code and all work performed under the building permit which includes compliance with all other applicable codes, by-laws, rules and regulations, and their respective inspection procedures.

*NOTICE TO HOME OWNERS ENGAGING OTHERS FOR HIRE*

OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.

Notwithstanding the above notice, I hereby apply for a permit as the home owner of the above property:

HOME OWNER: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address

**OR; CONTRACTOR AFFIDAVIT**

Pursuant to MGL c. 142A, Home Improvement Contractor Regulation, I hereby apply for a permit as the agent of the above listed owner:

\_\_\_\_\_  
Contractor Name (as registered) Registration No.

Signed under penalties of perjury: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Contractor Signature License No.

**WORKER'S COMPENSATION INSURANCE AFFIDAVIT (MGL c 152, §25C (6))**

Worker's 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.



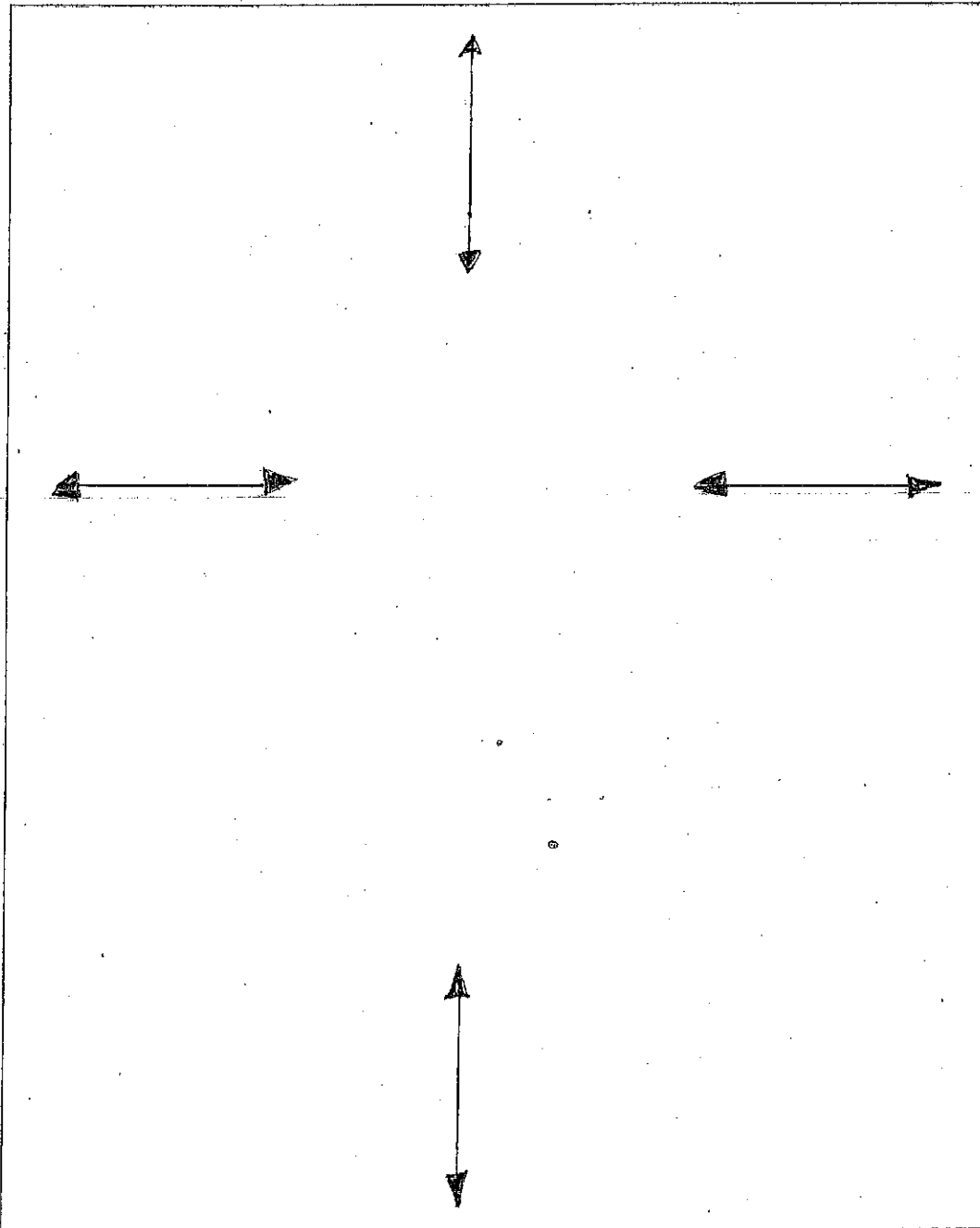
Office of the Building Inspector  
 Town of Sunderland  
**PLOT PLAN**

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

111 River Road  
Sunderland, MA 01375  
Phone: 413-665-1460

**DRIVEWAY ENTRANCE PERMIT**

§ 106-2. Entrance permit required; fee.

No person shall construct or alter the location of any driveway onto a town way in the town without first securing a permit therefore, the fee for which shall be **twenty-five dollars (\$25.)**, 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. (See attached Typical Driveway Construction Detail)

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

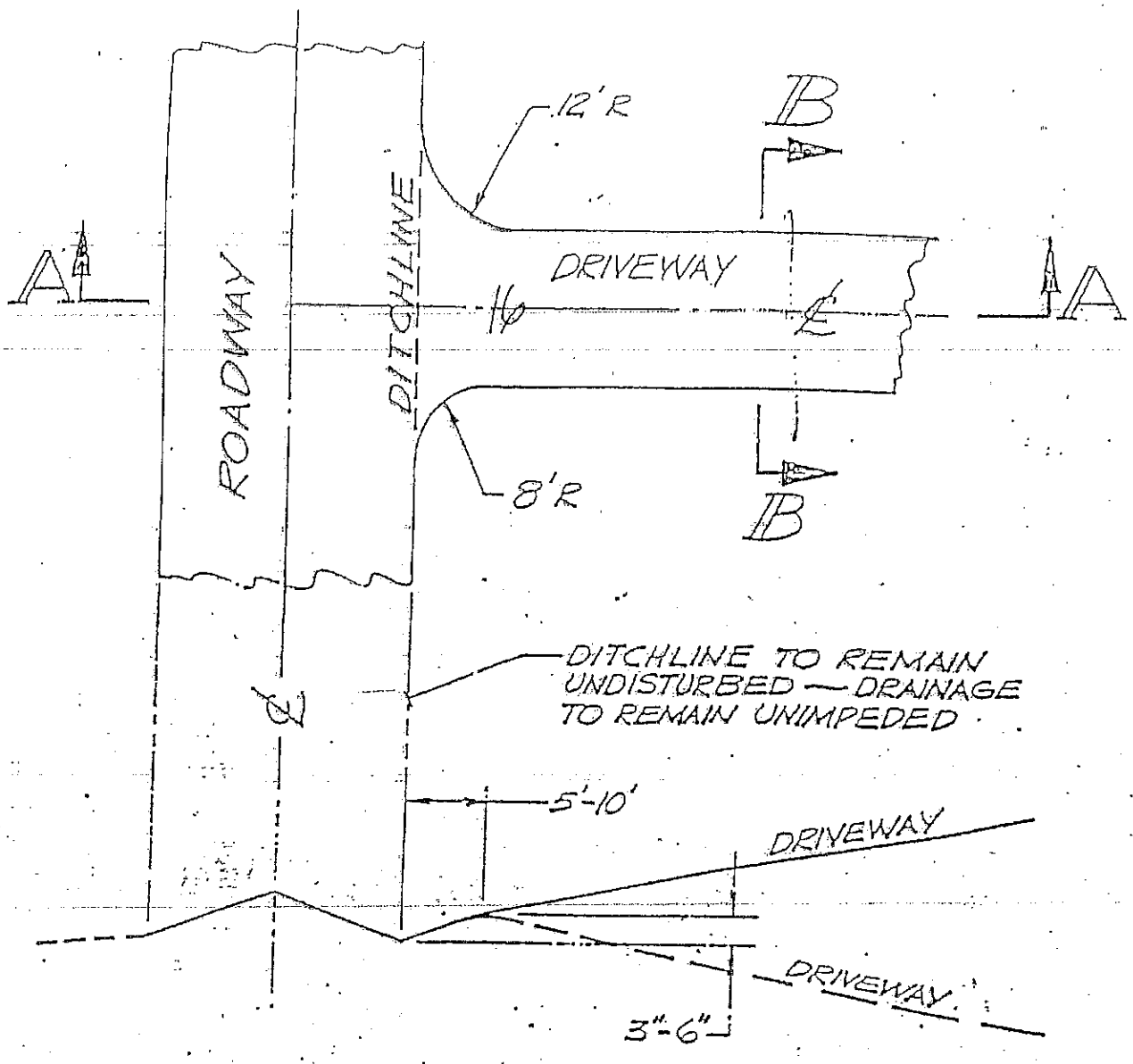
Applicant's Address: \_\_\_\_\_

Location of work to be done: \_\_\_\_\_ Map#: \_\_\_\_\_ Lot#: \_\_\_\_\_

Highway Superintendent Approval / Date: \_\_\_\_\_

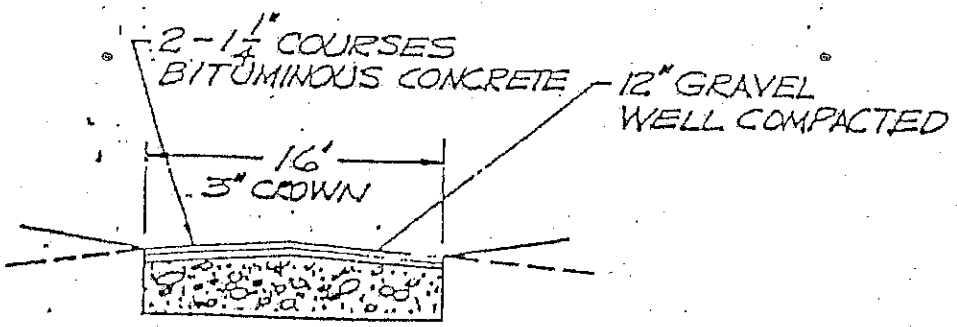
Paid: \_\_\_\_\_  Cash  Check #: \_\_\_\_\_

Cc: Building Commissioner



DITCHLINE TO REMAIN UNDISTURBED - DRAINAGE TO REMAIN UNIMPEDED

SECTION A-A



SECTION B-B  
NO SCALE

TYPICAL DRIVEWAY CONSTRUCTION DETAILS

SUPERINTENDENT OF HIGHWAYS  
SUNDERLAND, MASSACHUSETTS

SCALE:  
HORIZONTAL 1" = 20'

SEPTEMBER 1986



FP6 (rev. 3/00)

The Commonwealth of Massachusetts  
Department of Fire Services - Office of the State Fire Marshal  
P. O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR PERMIT

City or Town SUNDERLAND

Date \_\_\_\_\_

<b>DIG SAFE NUMBER</b>
_____
Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A application is hereby made

by \_\_\_\_\_  
*(Full name of person, Firm or Corporation)*

Address \_\_\_\_\_  
*(Street or P.O. Box) (City or Town)*

For permission to (state clearly purpose for which permit is requested) TO PLACE A CUBIC YARD  
RUBBISH CONTAINER (DUMPSTER) PROVIDED BY:

TO BE LOCATED AT: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Name of competent operator (If Applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_  
*(Signature of Applicant)*

Date of expiration \_\_\_\_\_ Fee \$25.00 \$ Paid \_\_\_\_\_ Due \_\_\_\_\_



**Town of Sunderland**  
 12 School Street  
 Sunderland, Massachusetts 01375  
 Phone (413) 665-1441  
 FAX (413) 665-1086

Permit issued by _____
Permit Number _____
Date Issued _____
Expiration Date _____

**TRENCH PERMIT**

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)

**THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION**

Name of Applicant			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Name of Excavator (if different from applicant)			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Name of Owner(s) of Property			Phone	Cell
Street Address				
City/Town	MA	ZIP		
Other Contact		Permit Fee Received No ( ) Yes ( ) \$25.00 Fee		
Description, location and purpose of proposed trench: Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (eg; pipes/cable lines etc..) Please use reverse side if additional space is needed.				
Insurance Certificate #:				
Name and Contact Information of Insurer:				
Policy Expiration Date:				
Dig Safe #:				
Name of Competent Person (as defined by 520 CMR 7.02):				
Massachusetts Hoisting License #			Expiration Date:	
License Grade:				

**BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.**

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EXCAVATOR SIGNATURE (IF DIFFERENT): \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER'S SIGNATURE (IF DIFFERENT): \_\_\_\_\_ DATE: \_\_\_\_\_

For City/Town use -- Do not write in this section	
PERMIT APPROVED BY	\$ Application Fee
PERMITTING AUTHORITY	Date
CONDITIONS OF APPROVAL	

**CONDITIONS AND REQUIREMENTS PURSUANT TO G.L.C.82A AND 520 CMR 7.00 et seq. (as amended)**

By signing the application, the applicant understands and agrees to comply with the following:

- i. No trench may be excavated unless the requirements of sections 40 through 40D of chapter 82, and any accompanying regulations, have been met and this permit is invalid unless and until said requirements have been complied with by the excavator applying for the permit including, but not limited to, the establishment of a valid excavation number with the underground plant damage prevention system as said system is defined in section 76D of chapter 164 (DIG SAFE);
- ii. Trenches may pose a significant health and safety hazard. Pursuant to Section 1 of Chapter 82 of the General Laws, an excavator shall not leave any open trench unattended without first making every reasonable effort to eliminate any recognized safety hazard that may exist as a result of leaving said open trench unattended. Excavators should consult regulations promulgated by the Department of Public Safety in order to familiarize themselves with the recognized safety hazards associated with excavations and open trenches and the procedures required or recommended by said department in order to make every reasonable effort to eliminate said safety hazards which may include covering, barricading or otherwise protecting open trenches from accidental entry.
- iii. Persons engaging in any in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et.seq., entitled Subpart P "Excavations".
- iv. Excavators engaging in any trenching operation who utilize hoisting or other mechanical equipment subject to chapter 146 shall only employ individuals licensed to operate said equipment by the Department of Public Safety pursuant to said chapter and this permit must be presented to said licensed operator before any excavation is commenced;
- v. By applying for, accepting and signing this permit, the applicant hereby attests to the following: (1) that they have read and understands the regulations promulgated by the Department of Public Safety with regard to construction related excavations and trench safety; (2) that he has read and understands the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CMR 1926.650 et.seq., entitled Subpart P "Excavations" as well as any other excavation requirements established by this municipality; and (3) that he is aware of and has, with regard to the proposed trench excavation on private property or proposed excavation of a city or town public way that forms the basis of the permit application, complied with the requirements of sections 40-40D of chapter 82A.
- vi. This permit shall be posted in plain view on the site of the trench.

*For additional information please visit the Department of Public Safety's website at [www.mass.gov/dps](http://www.mass.gov/dps)*