



TOWN OF PALMER BUILDING PERMIT APPLICATION FOR **OTHER THAN** ONE AND TWO FAMILY DWELLINGS (or their accessory structures)

Amount: _____
 Received: _____
 From: _____

 Ck.or Rcpt.# _____
 Ck Date: _____

The applicant should be aware that The Town of Palmer requires that the owner confirm, prior to acceptance of the building permit application that no outstanding property taxes, water fees, etc. exist.

New Construction and additions require a plot plan prepared by a Massachusetts Registered Land Surveyor (RPLS) showing setbacks from lot lines and other buildings on the site. After the foundation is poured the RPLS must verify the plot plan or provide a plan demonstrating any changes.

Construction Plans and details must be included with all applications other than permits for replacement (windows, roofing siding etc).

Palmer has adopted the **Stretch Code** for insulation/energy use requirements. Information on how the Stretch Code will be met must be provided with the application or the application will be considered incomplete.

Applications will not be considered complete until paper copies of all the information i.e. plans, & construction documents (see page 4), etc. has been submitted to the Inspection Services Department

No application is considered complete until the fee has been paid.

TOWN OF PALMER CHECK LIST	
1.	Site Address _____ Map: _____ Parcel: _____ Lot: _____ Zone: _____ Lot Size: _____
2.	Land Usability – Conservation Commission Signature: _____ Status: _____
3.	Zoning – Planning Board or Building Inspector Signature: _____ Permit Number(s) _____ Status: _____
4.	Percolation/Septic or Municipal Wastewater - Board of Health Signature: _____ Or Letter from Wastewater Treatment Plant Superintendent attached: _____ Status: _____
5.	Potable Water – Board of Health or Letter from Water Superintendent BOH Signature: _____ or Water Dept. Letter attached: _____ [] _____
6.	Street Entrance Permit – Highway Superintendent & Town Manager Permit Attached: _____ [] _____ Permit # _____ Status: _____
7.	Drainage Plan – Planning Board or Highway Superintendent Signature : _____ Status: _____
8.	Collector's Signature (not delinquent on taxes) _____ Status: _____



THE TOWN OF PALMER
 Massachusetts State Building Code (780 CMR)
**Building Permit Application for any Building
 Other Than a One- or Two-Family Dwelling**

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street City /Town Zip Code Name of Building (if applicable)

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 1)

Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work: _____

SOLAR: # of Panels _____ **Total kW:** _____ **Panel size:** _____

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an **Existing Building Investigation and Evaluation** is enclosed (See 780 CMR 34)

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub A-3 A-4 A-5 **B: Business** **E: Educational**

F: Factory F-1 F2 **H: High Hazard** H-1 H-2 H-3 H-4 H-5

I: Institutional I-1 I-2 I-3 I-4 **M: Mercantile** **R: Residential** R-1 R-2 R-3 R-4

S: Storage S-1 S-2 **U: Utility** **Special Use** and please describe below:
 Special Use: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
 Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

Cover sheet must be attached and all required sections filled out or application will be considered incomplete

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner:

Name (Print) _____ No. and Street _____ City/Town _____ Zip _____

Property Owner Contact Information:

Title _____ Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

If applicable, the property owner hereby authorizes (contractor)

_____ Name _____ Street Address _____ City/Town _____ State _____ Zip _____

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

Owner's Signature: _____

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant) _____ Telephone No. _____ e-mail address _____
 Street Address _____ City/Town _____ State _____ Zip _____

Registration Number _____
 Discipline _____
 Expiration Date _____

10.2 General Contractor

Company Name _____

Name of Person Responsible for Construction _____ License No. and Type if Applicable _____ Expiration Date _____

Street Address _____ City/Town _____ State _____ Zip _____

Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee for New Buildings, Additions or Accessory Structures is Total Square Foot Area x \$ 0.50 = _____ Renovations or Repairs = Total Sq. Foot Area x \$0.40 = _____ Note: Minimum fees are as follows \$500.00 for New Building Construction \$200.00 for Additions or New Accessory Structures \$300.00 For Renovations or Repairs (FOR SOLAR & OTHER WORK NOT LISTED ABOVE SEE FEE SCHEDULE) PAID BY _____ Enclose check payable to Town of Palmer and write check number here _____ check date: _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT (contractor)

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name _____ Title _____ Telephone No. _____ Date _____

Street Address _____ City/Town _____ State _____ Zip _____

Municipal Inspector to fill out this section upon application approval: _____ Name _____ Date _____

Appendix 1

Construction Documents are required for structures that must comply with Massachusetts State Building Code 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Construction Control Form(s) (buildings over 35000 cu.ft.)			
2	Architectural			
3	Foundation			
4	Structural			
5	Fire Suppression			
6	Fire Alarm (may require repeaters)			
7	HVAC			
8	Electrical			
9	Plumbing (include local connections)			
10	Gas (Natural, Propane, Medical or other)			
11	Surveyed Site Plan (Utilities, Wetland, etc.)			
12	Specifications			
13	Structural Peer Review			
14	Structural Tests & Inspections Program			
15	Fire Protection Narrative Report			
16	Existing Building Survey/Investigation			
17	Energy Conservation Report (Stretch Code in Palmer)			
18	Architectural Access Review (521 CMR)			
19	Workers Compensation Insurance			
20	Hazardous Material Mitigation Documentation			
21	Other (Specify)			
22	Other (Specify)			
23	Other (Specify)			

Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to **double the original permit fee.*

Registered Professional Contact Information

_____ Name (Registrant)	- - Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
			_____ Discipline Expiration Date
			_____ Construction Control Form(s) Provided []

_____ Name (Registrant)	- - Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
			_____ Discipline Expiration Date
			_____ Construction Control Form(s) Provided []

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_____ Name (Registrant)	_____-_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
			_____ Discipline Expiration Date
			Construction Control Form(s) Provided []

_____ Name (Registrant)	_____-_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
			_____ Discipline Expiration Date
			Construction Control Form(s) Provided []

_____ Name (Registrant)	_____-_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
			_____ Discipline Expiration Date
			Construction Control Form(s) Provided []

_____ Name (Registrant)	_____-_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
			_____ Discipline Expiration Date
			Construction Control Form(s) Provided []

**The Commonwealth of Massachusetts Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100, Boston, MA 02114-2017
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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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 MGLc. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <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 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."

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.

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.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
 Department of Industrial Accidents
Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
 Fax # 617-727-7749
www.mass.gov/dia