Town of Sutton
BUILDING DEPARTMENT

PLEASE SUBMIT THE FOLLOWING WITH YOUR BUILDING PERMIT APPLICATION

For “NEW” Residential Construction, Additions, Major Renovations, or New Garages.

1. Plot plan indicating the lot size, frontage, the location of proposed structure with setbacks shown from front, side, and rear lot lines. If using a septic plan it must include all of the above.
2. Two sets of prints which include a site plan, foundation plan, floor plan, frame plan, cross section and elevations.
3. All engineered products and systems shall have a stamp from a registered design professional or registered architect.
5. Copy of the Contractor’s license that is legible as well as a direct contact number for them.
6. A Completed application with the property owner’s signature and contractor’s signature. The worker’s comp affidavit must be filled out.

Decks, Pools, and Sheds

1. Plot plan indicating the lot size, frontage, the location of proposed structure with setbacks shown from front, side, and rear lot lines. If using a septic plan it must include all of the above.
2. Two sets of prints with frame, cross section and elevation plans
3. Copy of the Contractor’s license that is legible as well as a direct contact number for them.
4. A Completed application with the property owner’s signature and contractor’s signature. The worker’s comp affidavit must be filled out.

Remodeling, Roofs, Siding and Windows

1. Copy of the Contractor’s license that is legible as well as a direct contact number for them.
2. A Completed application with the property owner’s signature and contractor’s signature. The worker’s comp affidavit must be filled out.
3. Plan for proposed work if applicable.

Solar Panels (Photovoltaic Systems)

1. Copy of the Contractor’s license that is legible as well as a direct contact number for them.
2. A Completed application with the property owner’s signature and contractor’s signature. The worker’s comp affidavit must be filled out.
3. A Plan showing the size and run of the rafter or truss system (an engineer’s letter should indicate the rafter size and run as well).
4. Layout of the proposed system.
5. For ground mount systems, an engineered drawing for the system, plot plan indicating the lot size and frontage, the location of the proposed structure with the setbacks shown from front, side, and rear lot lines as well as setback from septic systems. If using a septic plan, it must include all of the above.

NOTE: THE BUILDING COMMISSIONER RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION WHEN RELEVANT TO AN APPLICATION.
<table>
<thead>
<tr>
<th>Service</th>
<th>Minimum Fee</th>
<th>Fee Basis</th>
<th>Cost Per $1000.00 Construction Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial New Construction</td>
<td>$150.00</td>
<td>$7.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Commercial Renovation</td>
<td>$150.00</td>
<td>$7.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Cell Tower Permits</td>
<td>$1500.00</td>
<td>$7.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Commercial Plan Review</td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Commercial</td>
<td>$150.00</td>
<td>$7.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Residential/New Construction</td>
<td>$100.00</td>
<td>$6.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Additions/Garages</td>
<td>$100.00</td>
<td>$6.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Residential Renovation</td>
<td>$75.00</td>
<td>$6.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Swimming Pools</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement Windows</td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siding Permits</td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roofing Permits</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stove Permits</td>
<td>$50.00</td>
<td></td>
<td></td>
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<tr>
<td>Deck Permits</td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shed Permits (Max. Size 400 Sq.Ft.)</td>
<td>$75.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shed Permits (120 Sq.Ft. or Less)</td>
<td>$20.00</td>
<td></td>
<td></td>
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<tr>
<td>Demolition Permits</td>
<td>$75.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Permits</td>
<td>$6.00 per $1000.00 Construction Cost</td>
<td>$6.00 per $1000.00</td>
<td></td>
</tr>
<tr>
<td>Replacement Cards</td>
<td>$25.00 Residential</td>
<td>$25.00</td>
<td></td>
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<tr>
<td>Reinspection Fees</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Occupancy</td>
<td>$100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Inspection</td>
<td>$50.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Except in an emergency, as determined by the Building Commissioner, work started before a building permit is issued will be doubled in fee.*
**SECTION 1: SITE INFORMATION**

1.1 Property Address: 

1.1a Is this an accepted street? yes no 

1.2 Assessors Map & Parcel Numbers 

Map Number Parcel Number 

1.3 Zoning Information: 

Zoning District Proposed Use 

1.4 Property Dimensions: 

Lot Area (sq ft) Frontage (ft) 

1.5 Building Setbacks (ft) 

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Required</th>
<th>Provided</th>
<th>Side Yards</th>
<th>Required</th>
<th>Provided</th>
<th>Rear Yard</th>
<th>Required</th>
<th>Provided</th>
</tr>
</thead>
</table>

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**

2.1 Owner¹ of Record: 

Name (Print) Address for Service: 

Signature Telephone 

5.1 Licensed Construction Supervisor (CSL) 

Name of CSL- Holder CSL number 

Address Date of Expiration 

Signature Telephone 

5.2 Registered Home Improvement Contractor (HIC) 

HIC Company Name or HIC Registrant Name 

ADDRESS Registration Number 

SIGNATURE Expiration Date 

Phone
Brief Description of Proposed Work:

SECTION 3 REGISTERED ENGINEER OR ARCHITECT OF RECORD  (IF REQUIRED)

NAME

ADDRESS

CITY OR TOWN

PHONE

TYPE

REGISTERED NUMBER FOR STATE OF MASS

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
</tr>
</tbody>
</table>
SECTION 6: PROPERTY OWNER MUST SIGN AUTHORIZATION FOR OWNER'S AGENT OR CONTRACTOR BEFORE APPLY FOR A 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

An Owner who obtains a building owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program permit to do his/her own work, or an), 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.

SECTION 7: AUTHORIZED AGENT OR CONTRACTOR

I, ________________________________, as Owner or Authorized (PARTY WHO IS DOING THE WORK)

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)
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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 4-24-07
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:

1. [ ] I am an employer with [ ] employees (full and/or part-time).*

2. [ ] I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]†

3. [ ] I am a homeowner doing all work myself. [No workers' comp. insurance required.]†

4. [ ] 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.‡

5. [ ] 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.]

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 attach 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):


6. Other

Contact Person: ______________________________________________________

Phone #: ___________________________________________________________