The Commonwealth of Massachusetts
Department of Public Safety
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)

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City / Town</th>
<th>Zip Code</th>
<th>Name of Building (if applicable)</th>
</tr>
</thead>
</table>

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:

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

No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)

<table>
<thead>
<tr>
<th></th>
<th>Existing</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Area (sq. ft.) and Total Height (ft.)</td>
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<td></td>
</tr>
</tbody>
</table>

SECTION 5: USE GROUP (Check as applicable)


B: Business ☐

E: Educational ☐

F: Factory F-1 ☐ F-2 ☐

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:

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 ☐ Private ☐

Flood Zone Information: Check if outside Flood Zone ☐ or identify Zone: __________

Sewage Disposal: Indicate municipal ☐ on site system ☐

Trench Permit: A trench will not be required ☐ or trench permit is enclosed ☐

Debris Removal: Licensed Disposal Site ☐ or specify: __________

Railroad right-of-way: Not Applicable ☐

Hazard to Air Navigation: Is Structure within airport approach area? Yes ☐ No ☐

MA Historic Commission Review Process: Is their review completed? Yes ☐ No ☐

Edition of Code: Use Group(s): Type of Construction: Occupant Load per Floor:

Does the building contain an Sprinkler System?: Special Stipulations:
SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>No. and Street</th>
<th>City/Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

Property Owner Contact Information:

<table>
<thead>
<tr>
<th>Title</th>
<th>Telephone No. (business)</th>
<th>Telephone No. (cell)</th>
<th>e-mail address</th>
</tr>
</thead>
</table>

If applicable, the property owner hereby authorizes

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name (Registrant)</th>
<th>Telephone No.</th>
<th>e-mail address</th>
<th>Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

10.2 General Contractor

Company Name

Name of Person Responsible for Construction

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Total Construction Cost (from Item 6) = $__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>Building Permit Fee = Total Construction Cost x ___ (insert here appropriate municipal factor) = $_______,</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>Note: Minimum fee = $_______ (contact municipality)</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>Enclose check payable to (contact municipality) and write check number here</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5. Mechanical (Other)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>6. Total Cost</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

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.

<table>
<thead>
<tr>
<th>Please print and sign name</th>
<th>Title</th>
<th>Telephone No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

Municipal Inspector to fill out this section upon application approval:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>
Town of Dighton, Massachusetts

TAX STATUS APPLICATION FORM

In order to process your application request efficiently and promptly we ask that you provide us with the following information. **One form must be filled out completely for each parcel(s) owned by you and any other parties involved.**

Date of request: ________________
Requested by:
Name: _______________________
Address: _____________________
Telephone Number: ______________
Assessed Owner: ________________
Current Owner: ________________
(If different from the Assessed owner)

Property Address: _______________________

Assessor’s Reference (M&L): ________
If a developer or contractor is involved in this project then this section must be completed.
Contractor/Business Name __________________ Business ID _____________
Business Address ____________________ Phone Number ______________
Contact person ________________________________

(SIGNATURE REQUIRED TO COMPLETE TAX STATUS)
I hereby attest that all the information provided herein is true and complete to the best of my knowledge.
____________________________________________ Petitioner

For Office use only: ________
Tax Office Initials __________
Real Estate Amt. Due ________
Personal Property Amt. Due ________
Motor Vehicle Amt. Due ________
Tax Title Amt. Due ________

**Please Note:** You must contact the office that is requesting the Tax Status Report for any questions or information relating to this form.
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-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 5-26-05
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

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 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 stating 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 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):
6. Other

Contact Person: Phone #:
APPLICATION FOR CERTIFICATE OF COMPLIANCE
FOR SMOKE DETECTORS AND CARBON MONOXIDE ALARMS
M.G.L. CHAPTER 148, SECTIONS 26F, 26F½

City or Town ________________________________ Date: __________________

Application is hereby made for inspection of smoke detectors and carbon monoxide alarms as required by Massachusetts General Law, Chapter 148, Sections 26F, 26F½ and 527 CMR 31, et seq.

NOTE: SUBMIT APPLICATION TO LOCAL FIRE DEPARTMENT HEADQUARTERS

Location of Property ________________________________

Owner of Property ________________________________

Number of Dwelling Units __________ Signature of Applicant ________________

Inspection/Testing completed on: ____________________________ By: ____________________________

Fee: (M.G.L. Chapter 148 Sec. 10A) ____________________________ Fire Chief ________________

Note: Any certificate issued in accordance with provisions of M.G.L. Chapter 148, Sections 26F, 26F½ expires sixty (60) days after issuance by head of the Fire Department.

FIRE DEPARTMENT'S COPY

CERTIFICATE OF COMPLIANCE
M.G.L. CHAPTER 148, SECTIONS 26F, 26F½

City or Town ________________________________ Date: __________________

This Certifies that the property located at ________________________________

has been equipped with approved smoke detectors, and carbon monoxide alarms and was found to be in compliance with Massachusetts General Law, Chapter 148 Sections 26F, 26F½ and 527 CMR 31, et seq.

Inspection/Testing completed on: ____________________________ By: ____________________________

Fee Paid: ____________________________ Head of Fire Department: ____________________________

Note: This certificate expires sixty (60) days after date of issue.

SELLER'S COPY
<table>
<thead>
<tr>
<th>District</th>
<th>Uses in Industrial</th>
<th>Other Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Dwelling, all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Permitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence</td>
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<td></td>
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<tr>
<td>Distinct</td>
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<td>Distinct</td>
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</tbody>
</table>

| Ind. Land Zoning, when required     | 65                  | Any, 65          |
|                                     |                     |                 |
| Side Yard of 50 ft. required        | 65                  | 10              |
|                                     |                     |                 |
|                                     |                     |                 |
|                                     |                     |                 |
|                                     |                     |                 |
|                                     |                     |                 |
|                                     |                     |                 |
|                                     |                     |                 |

**NOTES:**
- The table outlines specific zoning requirements for different districts and uses.
- The column headers indicate categories such as "District," "Uses in Industrial," and "Other Permitted."