



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, or Renovate a Dwelling Or
Demolish a Building

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
1.2 Assessors Map & Parcel Numbers
 1.1a Is this an accepted street? yes _____ no _____ 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)

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 OWNERSHIP¹

2.1 Owner¹ of Record:
 Name (Print) _____ City, State, ZIP _____
 No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work² --If Demolishing a Building, Give a Description of Future Proposed Use of Property: _____

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 ³ (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 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____ Email address _____

License Number _____ Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____ Telephone _____

HIC Registration Number _____ Expiration Date _____

Email address _____

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.

Owner's Name - Print and Signature _____ Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

Owner or Authorized Agent's Name - Print and Signature _____ Date _____

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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor 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"



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.



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 **Please Print Legibly**

Name (Business/Organization/Individual): _____
 Address: _____
 City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <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"/> 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 workers' comp. insurance.</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|--|

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 attached 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):

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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



FP-7C (rev. 1/06)

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



**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: _____
Inspector

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



FP-7 (rev. 1/06)

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



**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: _____
Inspector

Fee Paid: _____ Head of Fire Department: _____

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

SELLER'S COPY



**TOWN OF DIGHTON
BUILDING INSPECTOR**

979 SOMERSET AVENUE
DIGHTON, MA 02715

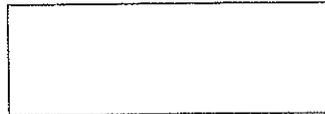
DRIVEWAY PERMIT

DATE _____

NAME _____

ADDRESS _____

SHOW LOCATION WITH MEASUREMENT OF DRIVEWAY TO LOT LINES.



STREET

SIGNATURE OF APPLICANT

APPROVED AS SHOWN _____

APPROVED WITH THE FOLLOWING
CONDITIONS: _____

_____ TOWN NOT RESPONSIBLE FOR ROAD SIGNAGE, BLIND DRIVE
ETC.

_____ NATURAL FLOW OF WATER CANNOT BE ALTERED TO SEND
FLOW INTO THE STREET.

_____ NO WATER MAY BE PUMPED OR PIPED INTO THE STREET.

_____ INSTALL PIPE UNDER DRIVEWAY AT ROAD

_____ DO NOT DISTURB TOWN PROPERTY, NO FILL, OR REGRADING



**TOWN OF DIGHTON
BUILDING INSPECTOR**
979 SOMERSET AVENUE
DIGHTON, MA 02715
508-669-4524

MEMO

FROM: BUILDING COMMISSIONER

DATE: MAY 1, 2013

RE: BUILDING & ELECTRICAL PERMITS

Please be advised the original Building and Electrical Permit Cards will be required to be displayed on site and visible from the street once the building is weather tight. Failure to have the original Permit Card for Inspector signatures on site will result in a failed inspection.

Please note: the re-inspection fee will be required to be paid in the Office prior to a re-inspection request.



**TOWN OF DIGHTON
BUILDING INSPECTOR**

979 SOMERSET AVENUE
DIGHTON, MA 02715
508-669-4524

**REQUIRED DEPARTMENTAL SIGN-OFFS FOR
NEW CONSTRUCTION PERMITS
IN THE TOWN OF DIGHTON**

ADDRESS FOR NEW CONSTRUCTION: _____

- * Zoning Board of Appeals &
* Board of Health

Contact Information
Joe Pacheco – Telephone# 508-669-4507

Signature Sign-Off

- * Planning Department

Contact Information
Heidi Swist – Telephone# 508-669-6636

Signature Sign-Off

- * Assessors' Department

Contact Information
Carol Beauregard – Telephone# 508-669-5043

Signature Sign-Off

- * Conservation

Contact Information
Charles Mello – Telephone# 774-218-5313

Signature Sign-Off

- * Sewer Department

Contact Information
Greg Olsen or Dianne Curtis – Telephone# 508-669-5111

Signature Sign-Off

- * Electrical Inspector

Contact Information
Peter Bleau – Telephone# 508-669-4524

Signature Sign-Off

- * Fire Department

Contact Information
Chris Ready – Telephone# 508-669-6611

Signature Sign-Off

- * Water Department

Contact Information
Charles Cestodio – Telephone# 508-824-9390

Signature Sign-Off

- * North Dighton Water Department

Contact Information
Greg Olsen – Telephone# 508-822-1820

Signature Sign-Off

****PLEASE NOTE SIGNATURE REQUIRED ONLY IF APPLICABLE****



**TOWN OF DIGHTON
BUILDING INSPECTOR
979 SOMERSET AVENUE
DIGHTON, MA 02715
508-669-4524**

MEMO

FROM: BUILDING COMMISSIONER

DATE: AUGUST 21, 2012

RE: ALL NEW CONSTRUCTION

Please be advised all new building construction permits will be required to install a temporary sign stating street number at the end of driveway on property in question as soon as Building Permit has been issued.

Also please note no building inspection will take place until said sign with address number is installed.

ZONING BY-LAW OF DIGHTON

DISTRICT OR USE	Min. Lot Area (sq. ft.)	Min. Lot Frontage (ft.)	Min. Front Setback (ft.)	Min. Side Yard (ft.)	Min. Rear Yard (ft.)	Max. Bldg. Coverage (% of lot)	Min. Distance betw. bldgs. (ft.)	Max. Bldg. Ht. (ft.)	Max. # of Stories	Max. Ht. of Projections (ft.)	Other Requirements
Single family dwelling, all districts	35,000	175	55	15	15	25	10	35	2.5	40	Lots without water or sewer shall have a min. area of 43,560 sq. ft. and 250 ft. of frontage
Other permitted uses in Residence District	35,000	175	55	15	15	25	10	35	2	65	same as above
Other permitted uses in Open Recreation District	35,000	175	55	15	15	15	10	35	2.5	40	
Other permitted uses in Business District	18,750	150	75	30	30	30	10	35	1	65	
Other permitted uses in Industrial District	60,000	250	100	100	75	35	10	65	any	65	Side yard of 50 ft. required when abutting land zoned Ind.