

E-MAIL ADDRESS _____

PAGE #2 CHECK LIST MUST BE SUBMITTED WITH THIS APPLICATION



PERMIT NO _____

PERMIT FEE _____

TOWN OF FRANKLIN
BUILDING DEPARTMENT
355 EAST CENTRAL STREET
FRANKLIN, MA 02038
APPLICATION FOR PLAN EXAMINATION
AND BUILDING PERMIT

PERMIT ISSUED BY _____

DATE PERMIT ISSUED _____

IMPORTANT-COMPLETE ALL ITEMS

| LOCATION OF BUILDING | AT LOCATION # _____ STREET _____ APPLICANT _____ PHONE # _____ ASSESSOR'S ID # _____ ZONING _____ LOT AREA _____ | DATE RECEIVED |
|----------------------------|---|---------------|
|----------------------------|---|---------------|

DESCRIBE IN DETAIL THE PROPOSED WORK: _____

| | | |
|----------------------------|-------------------|--|
| BEDROOMS # _____ | BATHROOMS # _____ | COST OF PROPOSED WORK : _____ |
| TYPE OF CONSTRUCTION _____ | USE GROUP _____ | GROWTH CAP EXEMPT YES _____ NO _____ N/A _____ |

IDENTIFICATION-to be completed by all applicants

PLEASE PRINT

*

Owner/Lessee: _____ Address: _____ Phone: _____

*

Contractor: _____ Address: _____ Day Phone: _____

CS License # _____ HIC License# _____ Cell # _____
Exp Date _____ Exp Date _____

CALL: DIG SAFE-1-888-344-7233

DIG SAFE # _____ TOWN WATER _____ TOWN SEWER _____ WELL _____ SEPTIC _____

*****The undersigned hereby certifies that he/she/they have read and examined this Application and that the proposed work subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this Application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of the laws and ordinances in effect on the date of this Application.

Owner's Signature _____ Contractor's Signature _____
Address _____ Address _____

If the Application is made by anyone other than the Owner, please complete the following: I hereby certify that the proposed work is authorized by the Owners of record and that I have been authorized to make this application as the owners authorized agent.

Signature of Agent _____

Signature of Owner(s) _____

DEPARTMENTAL APPROVALS

BOARD OF HEALTH _____

FIRE DEPT _____

CONSERVATION COMMISSION _____

WATER/SEWER _____

PLANNING OFFICE _____

STREET EXCAVATION (if applicable) _____

TREASURER _____

ALL PERMITS REQUIRE INSPECTIONS-PLEASE CONTACT THIS OFFICE AND HAVE THE PERMIT # AVAILABLE.

CONSTRUCTION DEBRIS DISPOSAL

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A.

The location of the property from which the debris is being removed is _____

The debris will be disposed of at/in:

Name and Address of solid waste facility

Signature of Applicant/and or Firm Name (if any)

Address

Phone #

Date

HOMEOWNER LICENSE EXEMPTION

The current exemption for "**homeowners**" was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State-Building Code Section 108.3.5.1)

DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Franklin Building Dept minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

Please Print: **JOB LOCATION** _____

HOMEOWNER _____

Name

Home Phone

Work Phone

PRESENT MAILING ADDRESS _____

HOMEOWNER'S SIGNATURE _____

APPROVAL OF BUILDING OFFICIAL _____

Note: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0, Construction Control.

TEMPORARY FENCES AROUND POOLS

Fence installation is required around most pools and stair enclosures and must meet the Massachusetts State Code. In the event that a permanent fence cannot be installed when water is added to the pool, the Franklin Building Department will mandate temporary installation of temporary fences and gates. *Please note the required specifications:* The fence will need to be four feet high, wire or wood type snow fences with metal or wood posts as well as a self-closing/self-latching gate, which needs to be securely attached to the posts and/or stakes. Fence openings should be no greater than 4" within the fence as well as below the fence line. **PLASTIC SNOW FENCES WILL NOT BE ALLOWED!** Temporary fences must be removed and a permanent one installed within six months or before final occupancy is issued.



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 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):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

BUILDING PERMIT PLAN REVIEW CHECKLIST

ALL BOXES ON LEFT HAND SIDE MUST BE CHECKED. IF NOT APPLICABLE PLEASE INDICATE WITH N/A



- ☐ For **RESIDENTIAL** submittal, please supply two (2) sets of *scaled* plans.
- ☐ For **COMMERCIAL** submittal, please supply two (2) sets of drawings and stamp of licensed professional architect or engineer.
- ☐ **CONDOMINIUM** owners must provide permission from Condo Association.
- ☐ Provide energy code compliance certificate with window, door and ventilation requirements.
- ☐ All projects with added bedrooms or complete interior removal must have Fire Department signature.
- ☐ For all changes in footprint a proposed Plot Plan showing setbacks must accompany your submittal (i.e. decks, additions, etc.). This must be done by a Licensed Surveyor!

INTERDEPARTMENTAL SIGNATURES REQUIRED:

- ☐ Signature from Treasurer for minor/no change in footprint projects.

INTERDEPARTMENTAL SIGNATURES REQUIRED:

- ☐ Signatures from Treasurer, Water & Sewer, Conservation and Board of Health for change in footprint projects.

APPLICANT'S SIGNATURE: _____

PLEASE NOTE: CHECK LIST MUST BE COMPLETED BEFORE BUILDING PERMIT APPLICATION IS SUBMITTED

If you have any questions regarding your Plan Review, please contact the Building/Inspection Department. (508) 520-4926 or FAX (508) 520-4906.

- Building Inquiries – Building Dept. (508-520-4926)
- Zoning Inquiries – Building Dept. (508-520-4926)
- Electrical Permit - Building Dept. (508-520-4926)
- Gas Permit – Building Dept. (508-520-4926)
- Plumbing Permit – Building Dept. (508-520-4926)
- Water & Sewer Permit – Dept of Public Works (508-520-4910)
- 257 Fisher Street

PLEASE NOTE: Planning Board and/or Zoning Board approval may be required **BEFORE** your permit is issued.

PLANNING & ZONING ARE LOCATED IN THE FRANKLIN MUNICIPAL BUILDING

REMARKS: _____

DATE: _____