

**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 _____	PHONE # _____	DATE RECEIVED
	APPLICANT _____		
	ASSESSOR'S ID # _____ ZONING _____	LOT AREA _____	

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** \_\_\_

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 e 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.**

Please visit our web site @ [www.franklin.ma.us](http://www.franklin.ma.us)

**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

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**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.

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**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.

# 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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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**  
**257 Fisher Street (508-520-4910)**

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_