

Email: _____

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 ___

*****Th
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 _____
Address _____

Contractor's Signature _____
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

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.

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

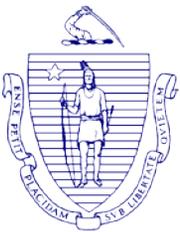
If you have any questions regarding your Plan Review, please contact the **Building/Inspection Department. (508) 520-4926 or FAX (508) 520-4906.**

- **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: _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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 employees and 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 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 (check 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
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia

Homeowner Warning Notice

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

- Homeowner is defined "as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structures." If you do not meet this definition a building permit cannot be issued to you as a homeowner.
- You will be personally responsible for all work on this project. Any dispute between you and your contractors are civil matters.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You have waived all rights to the Massachusetts Guaranty Fund. See MGL c. 142A § 1 and 201 CMR 18.
- If the homeowner subcontracts the work, the responsible party from the subcontractor shall be present for inspections.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Workmen's Compensation Insurance.
- Failure to carry Workmen's Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c.152 § 25)
- A Building Permit is a document admissible in a court of law.
- For all projects that require excavation the homeowner shall contact Dig Safe by calling 811 at a minimum of three weeks prior to the start of the project.

This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner's Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its requirements.

Homeowner's:

Signature: _____

Name Printed: _____ Date: _____