

Franklin Building Department Instructions for Sheds & Accessory Building Permits

August 2014

The following information/plans/documents are needed to process your shed/accessory building permit application more efficiently:

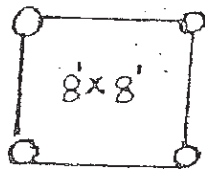
- 1) A completed building application with all information filled in, including license numbers, zoning district, assessor's numbers, description of work and total construction cost.
- 2) Two copies of construction drawings of the building itself showing the dimensions, materials, floor plan, framing plans for floors, ceiling, roof and generally showing its construction.
- 3) Copies of installing contractor's licenses and insurance (where applicable). If the homeowner is performing the work themselves, a Homeowner license Exemption Form and Workman's Compensation Affidavit Form must be completed and signed.
- 4) A certified plot plan showing the location of any proposed building 400sqft or larger from property lines, all other buildings and/or structures must be submitted with the permit application. Following the completion of the work, an "AS-BUILT", from a registered land surveyor is required for the final inspection and/or receipt of the occupancy permit.
- 5) Any building or structure 399sqft or less does not need a certified plot plan but must meet all zoning set back requirements.
- 6) For zoning set back requirements refer to **Franklin Zoning Book Chapter 185 Article V Special Regulations 185-19 Accessory buildings and structures. (see Shed Additional Information)**
- 7) No accessory building or structure shall be less than a distance equal to the common building height to common grade to any rear or side lot line.

******* No Building Permit is required for a shed up to 200 SQ FT.
Set-Backs must still be maintained *******

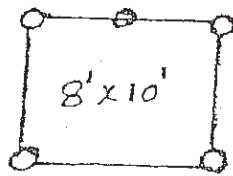
Attachments: Bldg. Permit Application
 Plan Sample
 Insurance/ License Waiver
 Foundation Samples

Installation of Concrete Footings (Sonar Tubes) Accessory buildings

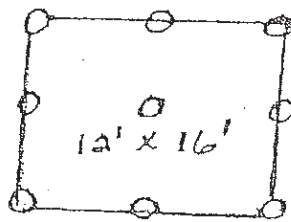
All towns require concrete footings on buildings in excess of 400 sqft. Footings are required to be a minimum 10" in diameter and 4 ft. deep in the ground. Installation of these footings is critical. They must be square. They must be the proper distance from each other. They need to be level with each other. And as low to the ground as possible. You also need to determine the correct number of footings for your particular building. Building should be anchored to the footings to prevent movement.



One footing in each corner.

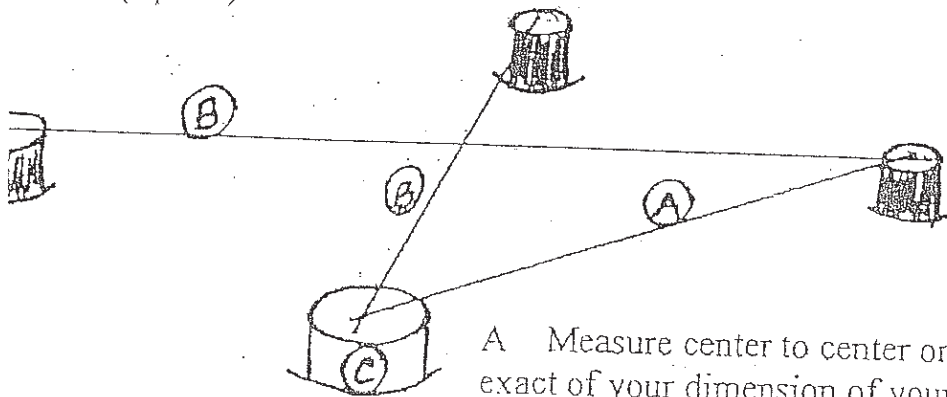


Footings centered on all sides spanning more than 8 ft..



9 tubes
(1 in center)

For an 8' x 8' shed the footings should measure 8' apart from center to center, as well as having an equal measurement from corner to corner. (square)



A Measure center to center on all four sides the exact of your dimension of your building.

B Equal measurement from opposing corners.

C Keep footing as low to the ground as possible.

Use a straight edge and level, line level and string, or a transit to assure all footings are level with each other.

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 _____	DATE RECEIVED
	# _____ STREET _____	
	APPLICANT _____ PHONE # _____	
	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 _____	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 _____
 CONSERVATION COMMISSION _____
 PLANNING OFFICE _____

FIRE DEPT _____
 WATER/SEWER _____
 STREET EXCAVATION (if applicable) _____
 TREASURER _____

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

Please visit our web site www.franklinma.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.

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

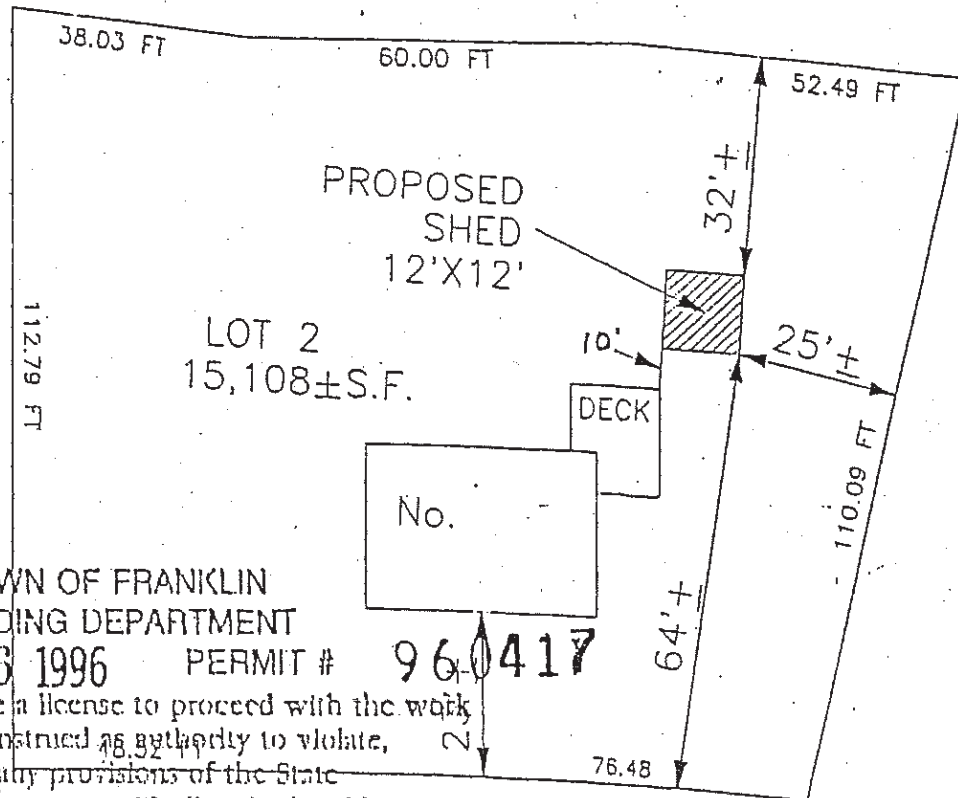
REMARKS:

APPLICANT'S SIGNATURE: _____

DATE: _____

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

THE SOLE PURPOSE OF THIS PLAN IS TO OBTAIN A BUILDING PERMIT FOR A SHED. NO OTHER USE SHALL BE MADE OF THIS PLAN. THIS PLAN SHALL NOT BE TRANSFERRED TO ANOTHER PERSON OR INSTITUTION.



TOWN OF FRANKLIN
BUILDING DEPARTMENT

DATE: MAY 06 1996 PERMIT # 960417

This permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel or set aside any provisions of the State Building Code, except as specifically stipulated by modification or legally granted variance. All work shall conform to the endorsed condition and stamped plans for which this permit is issued and any amendment thereto.

Sheet of BY

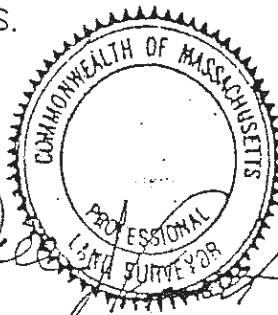
S. J. P.

TOWN OF FRANKLIN
RECEIVED

BUILDING DEPT.

PROPOSED SHED
AT
FRANKLIN, MASS.

SCALE 1" = 30' APRIL 29, 1996
FRANKLIN LAND SURVEYORS, INC., FRANKLIN, MASS.



ASSESSORS MAP LOT



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 a 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 # _____

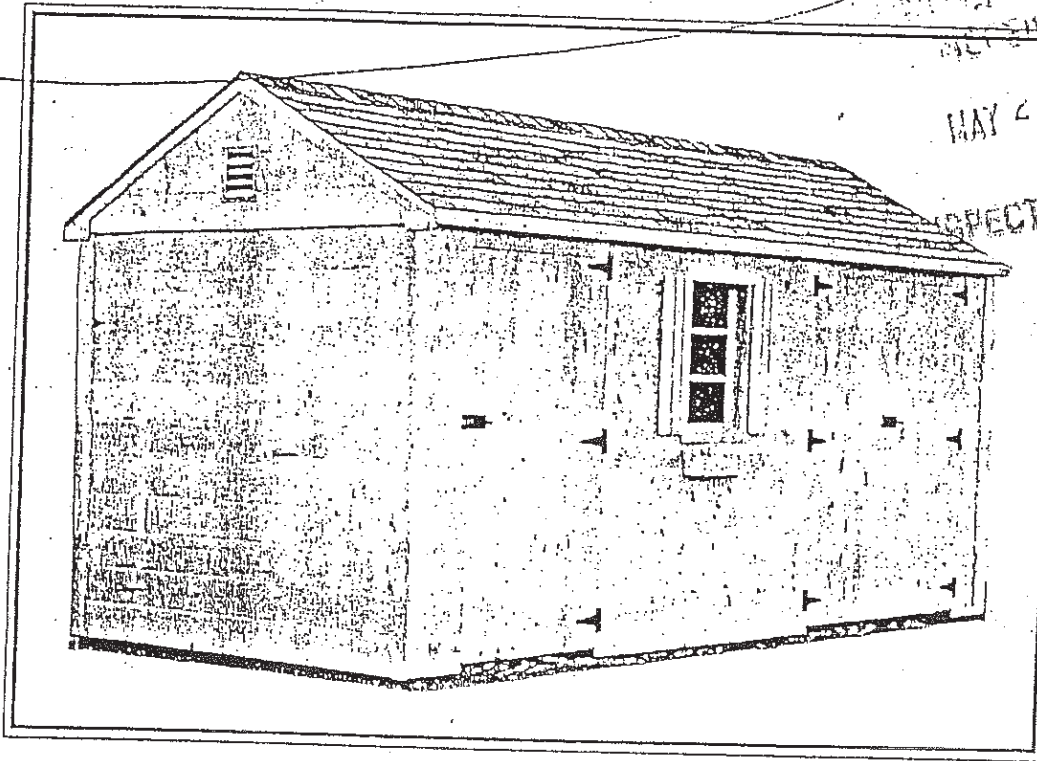
Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____

THE AMERICAN

Classic

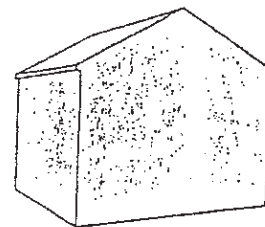


8 x 16 Classic #6

Stylish and practical, our American Classic is the perfect solution to your utility shed or storage needs. This budget-fitting style has been the popular choice of customers throughout our 35 year history. But we're always improving and adding so, be sure to review these standard features currently available (below). This style available from 6' x 8' to 12' x 20'.

STANDARD FEATURES AVAILABLE WITH ALL REEDS FERRY SMALL BUILDINGS:

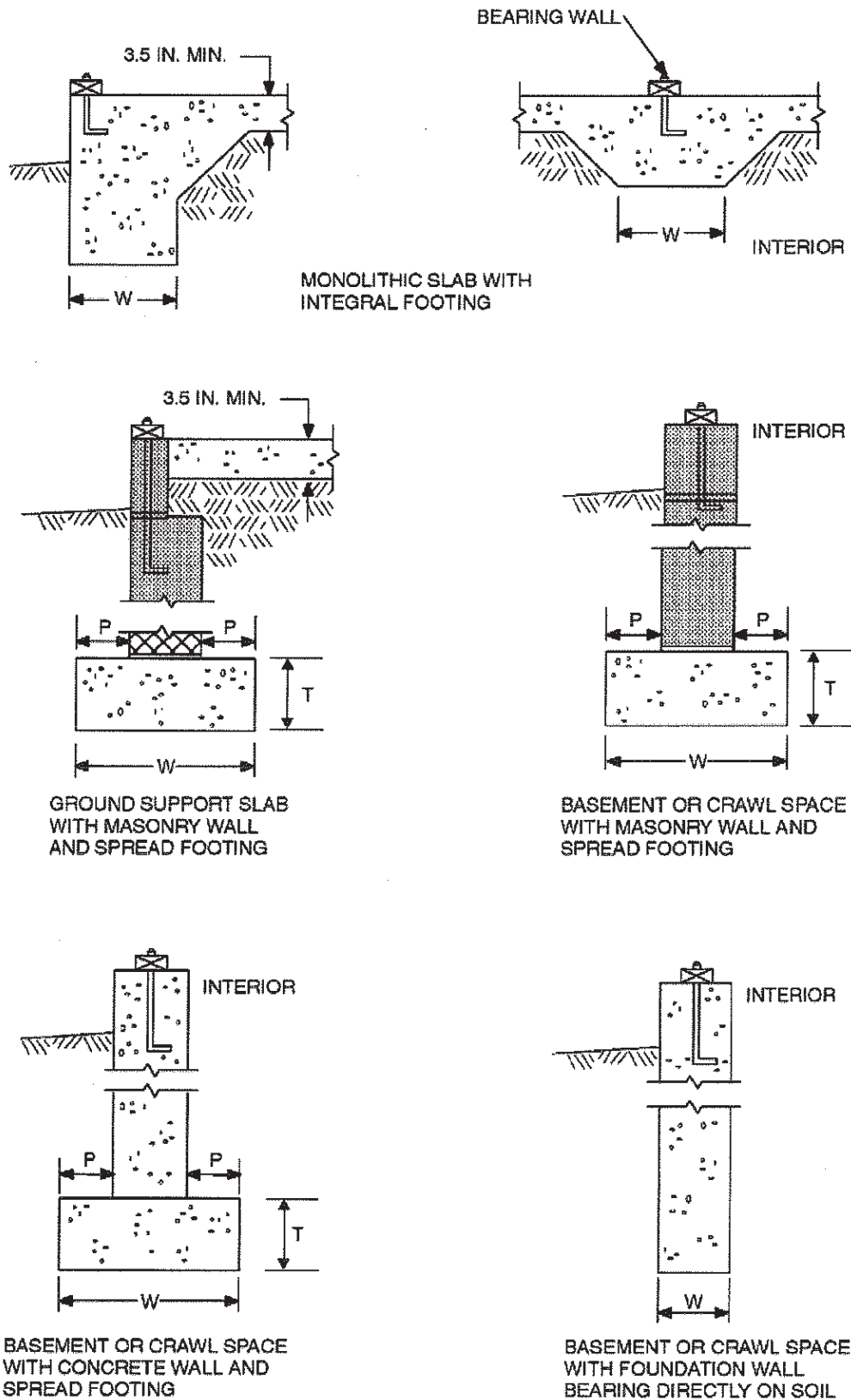
- 2 x 6 Pressure-Treated Floor Joists, 16" on Center
- 5/8" Top-Quality Flooring
- 2 x 4, 16" on Center Framing
- Tongue & Groove Siding
- Heavy-Duty Roof Trusses, 16" on Center
- Roof Sheathed with 1/2" Exterior Grade Plywood
- Aluminum Drip Edge
- Asphalt Roof Shingles with 20 Year Limited Warranty
- Aluminum Louvres with Screens
- Three Light Window Hinged to Open
- Window Box & Shutters
- Solid Pine Doors Diagonally Braced with 2 x 4's and three 6" Heavy Duty Zinc-Plated Black Hinges
- Black Bugle Head Screws



CLASSIC
ROOF
LINE

See Page 5 for
Available Options,
Custom Design, and
Model Floor Plans.

REEDS FERRY SMALL BUILDINGS ARE THE CUSTOMERS RESPONSIBILITY WHERE REQUIRED



For SI: 1 inch = 25.4 mm.

FIGURE R403.1(1) CONCRETE AND MASONRY FOUNDATION DETAILS

§ 185-19. Accessory buildings and structures. [Amended 10-18-1995 by Bylaw Amendment 95-302]

No accessory building or structure shall be located within a required front yard. No accessory building or structure shall be located in any side yard area nearer to the side lot line than 10 feet in General Residential V, Single-Family Residential IV or Commercial I Districts or nearer than 15 feet in other districts. No accessory building or structure shall be located in a rear yard nearer to the rear lot line than 10 feet or nearer to another principal or accessory building or structure than 10 feet.