Solar Building Permit Application

Application Date_____ Permit No. _____

Note: The Building Department is open on Monday mornings from 8:30am to 11:00am.
The Building Commissioner is available during these hours to answer any questions.
Building Permit Applications may be dropped off at the Selectmen's Office any time Monday through Thursdays between 8:30am and 4:00pm.

To avoid delays in processing your application, please submit all required information together.
Fill out the application form completely and legibly. Incomplete application packages cannot be processed.

Please allow 7 to 14 working days to process the completed application.

Owner _____

Address _____

Town/State _____

Phone No. _____

Builder _____

Address _____

Town/State _____

Phone No. _____

Const. Super. Lic. No. _____

Home Improvement Reg. No. _____

Jobsite House No. _____ Street _____

Total Estimated Cost of the project _____

Scope of work: (Select all the categories that best fit the installation to be performed)

___ Roof Top Installation

____ Direct attachment to roof

____ Ballast mounting system

____ Other (Describe below)

____ Ground Mounted Installation

____ Pedestal mounting system

____ Ballast mounting system

____ Concrete pier mounting system

____ Other (Describe below)

_____

_____

_____

Required Documentation

The following documentation will be required on all Solar building Permit Application Submittals:

Contractor Information : Submit a valid copy of the following:

- Construction Supervisor's License
- Home Improvement Registration (Residential projects only)
- Workers Compensation Certificate (Made out to the Town of Harvard)

Project Information: Submit the following documents:

- PV system drawings (Roof Top Systems);

  Panel layout plan

  Electrical schematic plan. (Note: all systems must have a disconnect at the panels)

  Panel connection details between panels and to supporting structure

  Panel connection details to roof.

  Ballast plans and specifications, if this system is used.

  Note: All drawings must be wet stamped and signed by a MA. Licensed Structural Engineer.

  A MA. Licensed Structural engineer must evaluate the existing roof structure, and submit a letter which certifies that the roof structure, with the PV panels installed is capable of supporting the snow loads required for this Zone as defined in 780 CMR current edition.

- PV system drawings (Ground Mounted Systems);

  Certified Plot Plan, with the location of the PV system.
  This drawing must show the property lines, and distances of the PV system from the property lines. Also, the lot size must be indicated on the drawing.
  The drawing must be wet stamped and signed by a MA. Licensed land surveyor or MA. Licensed Civil Engineer.

  Panel layout plan

  Electrical schematic plan. (Note: all systems must have a disconnect at the panels)

  Panel connection details between panels and to supporting structure

  Pedestal mounting system and connection details, or reinforced concrete piers and connection details & support to ground.

  Ballast plans and specifications, if this system is used.

  Note: All drawings must be wet stamped and signed by a MA. Licensed Structural Engineer.

Additional drawings should be submitted as necessary to properly detail the installation intended and to demonstrate compliance with the Codes and zoning requirements applicable to the work to be performed.

TOWN OF DUDLEY
BUILDING DEPARTMENT

PLEASE NOTE: ALL DEPARTMENTS NEED TO SIGN OFF BEFORE THE BUILDING DEPARTMENT WILL ACCEPT ANY APPLICATION FOR REVIEW!

PROJECT ADDRESS: _____

Property Owners Name _____

Property Owners Address _____

Contractor/Business Name _____

Contractors Address _____

TAX COLLECTOR/ TREASURER

Unpaid bill (Contact Tax Collector for more information) _____

Completed by _____ Date _____

BOARD OF HEALTH

Approved by Not Needed Date _____

SEWER DEPARTMENT

Approved by: Not Needed Date: _____

WATER DEPARTMENT

Approved by: Not Needed Date _____

CONSERVATION COMMISSION

Approved by Not Needed Date _____

FIRE PROTECTION REVIEW

Approved by Not Needed Date _____

* Ground Mounted Solar Projects would require a Certified Plot Plan with Setbacks.
It may also require additional sign-offs.

Identification of Applicant

Company Name _____

Builders Name _____

Address _____

Town, State, Zip code _____

Office Phone Number _____ Cell, Phone Number_____

I, hereby certify that the proposed work is authorized by the owner of record of the property, and that I have been authorized by the owner to make this application as their authorized agent. Further, we agree to conform to all applicable Town By-laws, Building Codes, Rules and Regulations having jurisdiction on the work to be performed.

I certify under penalties of perjury that all information submitted in this application is correct.

_____ _____

Signature of Applicant Date

Owner's Authorization

I, _____ owner of _____ authorize

(Contractor)_____

to obtain the required Building and Electrical Permits for the above detailed work on my property and to perform all work.

_____ _____

Owner's signature Date

_____

Owner's Name (Printed)

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

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

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:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

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 OWNERSHIP[1]

2.1 Owner[1] of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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 Work[2]:_____

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:
2. Electrical	$	☐ Standard City/Town Application Fee
3. Plumbing	$	☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
4. Mechanical (HVAC)	$	2. Other Fees: $_____
5. Mechanical (Fire Suppression)	$	List:_____
6. **Total Project Cost:**	$	Total All Fees: $_____
		Check No. _____ Check Amount: _____ Cash Amount: _____
		☐ Paid in Full ☐ Outstanding Balance Due:_____

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.

Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER[1] 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.

Print Owner's or Authorized Agent's Name (Electronic 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"

Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Occupancy and Fee Checked _____ (leave blank)

[Rev. 11/99]

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION) **Date:** _____

City or Town of: _____ *To the Inspector of Wires:*

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____ **Telephone No.** _____

Owner's Address _____

Is this permit in conjunction with a building permit? **Yes** ☐ **No** ☐ **(Check Appropriate Box)**

Purpose of Building _____ **Utility Authorization No.** _____

Existing Service _____ **Amps** ____/____ **Volts** **Overhead** ☐ **Undgrd** ☐ **No. of Meters** _____

New Service _____ **Amps** ____/____ **Volts** **Overhead** ☐ **Undgrd** ☐ **No. of Meters** _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

_____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Fixtures	**No. of Ceil.-Susp. (Paddle) Fans**			**No. of Transformers**	**Total KVA**
No. of Lighting Outlets	**No. of Hot Tubs**			**Generators**	**KVA**
No. of Lighting Fixtures	**Swimming Pool**	**Above grnd.** ☐	**In-grnd.** ☐	**No. of Emergency Lighting Battery Units**	
No. of Receptacle Outlets	**No. of Oil Burners**			**FIRE ALARMS**	**No. of Zones**
No. of Switches	**No. of Gas Burners**			**No. of Detection and Initiating Devices**	
No. of Ranges	**No. of Air Cond.**	**Total Tons**		**No. of Alerting Devices**	
No. of Waste Disposers	**Heat Pump Totals:**	**Number**	**Tons** / **KW**	**No. of Self-Contained Detection/Alerting Devices**	
No. of Dishwashers	**Space/Area Heating KW**			**Local** ☐ **Municipal Connection** ☐ **Other**	
No. of Dryers	**Heating Appliances**	**KW**		**Security Systems: No. of Devices or Equivalent**	
No. of Water Heaters	**KW**	**No. of Signs**	**No. of Ballasts**	**Data Wiring: No. of Devices or Equivalent**	
No. Hydromassage Bathtubs	**No. of Motors**	**Total HP**		**Telecommunications Wiring: No. of Devices or Equivalent**	
OTHER:					

Attach additional detail if desired, or as required by the Inspector of Wires.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:) _____ _____ (Expiration Date)

Estimated Value of Electrical Work: _____ (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____ **LIC. NO.:** _____

Licensee: _____ **Signature** _____ **LIC. NO.:** _____

(If applicable, enter "exempt" in the license number line.) **Bus. Tel. No.:** _____

Address: _____ **Alt. Tel. No.:** _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee *does not have* the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent Signature _____ **Telephone No.** _____

PERMIT FEE: $

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:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ 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.‡
5. ☐ 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.]

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

Contact Person: _____ **Phone #:** _____

Contact/Electrician: _____ Phone:(_____) _____
(*if different from reverse side*)

Scope of Work (*if different from reverse side*) _____

_____

_____

SERVICE INSPECTION:

			Pass	Fail
Inspected by: _____	Date/Time: _____	Temp.:	☐	☐
Inspected by: _____	Date/Time: _____	Trench:	☐	☐
Inspected by: _____	Date/Time: _____	Final:	☐	☐
Inspected by: _____	Reinspection Date/Time: _____		☐	☐

Date/Time called National Grid to release SRE#: _____

Notes: _____

_____

_____

_____

ROUGH INSPECTION:

			Pass	Fail
Inspected by: _____	Date/Time: _____	Rough :	☐	☐
Inspected by: _____	Reinspection Date/Time: _____		☐	☐

Notes: _____

_____

_____

_____

_____

FINAL INSPECTION:

			Pass	Fail
Inspected by: _____	Date/Time: _____	Final:	☐	☐
Inspected by: _____	Reinspection Date/Time: _____		☐	☐

Notes: _____

_____

_____

_____

_____