

## CHECKLIST FOR APPLICATION

- Conservation Approval Letter if any wetlands
- Upland Certification Letter from an Engineer
- 2 Sets of plans for building or structure
- Plot Plan showing location of building or structure to lot lines
- Sewer Department Approval or Disposal Construction Permit (Board of Health)
- Water Well Report or Water District Approval Letter(Board of Health)
- Driveway Permit from the Selectmen's Office
- Copies of Variances or Special Permits Granted by the Planning Board or Zoning Board of Appeals
- Lot Release (if in any Subdivision) from the Planning Board
- Worker's Compensation Affidavit required by the Commonwealth of Massachusetts
- Certificate of Liability Insurance with Town of Dudley as Certificate Holder
- Copy of Construction Supervisor License
- Copy of Home Improvement Registration(Not for New Construction)
- Modular Homes: All above and see special requirements for Modular Homes
- Street number is required for an application for a building permit
- Energy Compliance Report (MSBC 8<sup>th</sup> Edition, Appendix J) All Heated Spaces
- Modular Homes:** All of the above, plus the following special requirements for Modular Homes:
  - Written certification from the manufacturer for the person responsible for setting the units.
  - Construction supervisor to obtain permit-homeowner cannot obtain the building permit.
  - Manufacturer's plans with cover sheet bearing Massachusetts stamp of approval.
  - Third party testing company's stamp.
  - Assembly manual.
  - Plans for any site built sections of the home.
  - Note: The plans must be for the house being built, not a generic set of plans.

**Note: AS\_BUILT plan must be submitted and approved for foundation location before any wood construction can begin.**

**AS\_BUILT plan must show location by dimension to all lot lines.**



## 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 \_\_\_\_\_

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### TAX COLLECTOR/ TREASURER

Unpaid bill (Contact Tax Collector for more information) \_\_\_\_\_

Completed by \_\_\_\_\_

Date \_\_\_\_\_

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### BOARD OF HEALTH

Approved by \_\_\_\_\_

Date \_\_\_\_\_

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### SEWER DEPARTMENT

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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### WATER DEPARTMENT

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

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### CONSERVATION COMMISSION

Approved by \_\_\_\_\_

Date \_\_\_\_\_

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### FIRE PROTECTION REVIEW

Approved by \_\_\_\_\_

Date \_\_\_\_\_



# The Commonwealth of Massachusetts

## Department of Public Safety

Massachusetts State Building Code (780 CMR)

### Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

#### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

#### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 2)

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

#### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

#### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational

F: Factory F-1  F2  H: High Hazard H-1  H-2  H-3  H-4  H-5

I: Institutional I-1  I-2  I-3  I-4  M: Mercantile  R: Residential R-1  R-2  R-3  R-4

S: Storage S-1  S-2  U: Utility  Special Use  and please describe below:

Special Use Description:

#### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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**Railroad right-of-way:**  
Not Applicable   
or Consent to Build enclosed

**Hazards to Air Navigation:**  
Is Structure within airport approach area?  
Yes  or No

**MA Historic Commission Review Process:**  
Is their review completed?  
Yes  No

#### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Contact Information:

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**If applicable, the property owner hereby authorizes:**

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 to \_\_\_\_\_ relative to work authorized by this building permit application.

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)**

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here  .

Otherwise provide construction control forms (see section 107 in the code) as required.

**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

**10.2 General Contractor**

Company Name \_\_\_\_\_

Name of Person Responsible for Construction \_\_\_\_\_ License No. and Type if Applicable \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes  No

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	Note: Minimum fee = \$ _____ (contact municipality)

Enclose check payable to \_\_\_\_\_ (contact municipality) and write check number here \_\_\_\_\_

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

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.

Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_ Email Address \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_  
 Name \_\_\_\_\_ Date \_\_\_\_\_

The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
[www.mass.gov/dia](http://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. I 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 \_\_\_\_\_

H Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
 I Contractors that check this box must attach 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: \_\_\_\_\_ For all FCCIP towns \_\_\_\_\_ 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 #: \_\_\_\_\_

## AFFIDAVIT

As a result of the provisions of MGL c 40, S54, I acknowledge that as a condition of Building Permit Number \_\_\_\_\_ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150 A.

I certify that I will notify the Building Official by \_\_\_\_\_  
(Two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Address of Project

**Print or type the following information:**

\_\_\_\_\_  
Firm Name (Trash Hauler)

\_\_\_\_\_  
Address of Facility

TOWN OF DUDLEY  
MASSACHUSETTS  
CONSERVATION COMMISSION

Richard J. Androlewicz, *Chairman*  
Francis Mikolajczak, *Commissioner*  
Brian K. Germain, *Commissioner*  
Samantha S. Costello, *Commissioner*  
Matthew Marro, *Environmental Engineer*



Paul Wieloch, *Vice Chairman*  
George Slingo, *Commissioner*  
Nancy J. Vajcovec, *Commissioner*  
Caryl Savard, *Clerk*

**Massachusetts Wetlands Protection Act  
Building Documentation Form**

Under the provision of the Wetlands Protection Act, MGL Ch.131 Sec. 40, 310 CMR 10.00, no person may remove, fill dredge or alter certain resource areas without first filing a Notice of Intent and obtaining an Order of Conditions. This law requires that any Order so issued must contain conditions sufficient to preserve and promote the following public interests: the protection of public or private water supply and groundwater supply, the enhancement of flood control and storm damage prevention, the prevention of pollution and the protection of fisheries and land containing shellfish.

**If your project involves a pond, lake, river, stream or wetland; or work within 100, 200 or 400 horizontal feet of any of these resource areas including the cutting of trees and disturbing the earth in any manner, you may need a permit (Order of Conditions) from the Dudley Conservation Commission or a Building Permit may not be issued.**

Please check the following:

- My project involves a Resource Area and I do not know if I need to file. Please contact me.
- I am not sure if my project involves a Resource Area. I will fill out a Form 1-Request for Determination of Applicability, following the steps listed on the Filing Procedures Form.
- My project does involve a Resource Area; I will complete a Form 3-Notice of Intent, following the steps listed on the Filing Procedures Form.
- My project involves a large Resource Area, land might be subject to flooding, may be located in a flood zone and may require a Permit from the Army Corps of Engineers. I will complete a Form 3-Notice of Intent, following the steps listed on the Filing Procedures Form, and contact the Army Corps of Engineers.
- My project is exempt under Agriculture. I understand I am required to attend a meeting of the Dudley Conservation Commission to discuss my project.
- My project does not involve any Resource Areas described.

**Forms & Procedures can be obtained from the literature rack outside the Conservation office.**

Name and Contact Information: \_\_\_\_\_  
(Please print)  
Project: \_\_\_\_\_ Project Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEASUREMENT	DISTRICT									
	RES 10	RES 15	RES 30	RES 43	RES 87	BUS 15	IND 43	IND 130	LI 43	LI 87
Minimum Lot area (Square Feet)	10,000 <sup>1</sup>	15,000	30,000	43,560	87,000	15,000 <sup>1</sup>	43,560	130,630	43,560	87,120
Minimum Lot Frontage (Feet)	100 <sup>2</sup>	100	100	150	150	200 <sup>2</sup>	200	200	100	100
Minimum Front (Feet)	20	30	35	40	40	20	45	45	30	50
Minimum Side Yard (Feet)	10	15	15	25	25	10	25	25	30	30
Minimum Rear Yard (Feet)	15	20	25	25	25	35	40	40	30	30
Maximum Lot Coverage (Percent)	50	30	20	20	20	30	65	65	65	65
Maximum Building Height (Feet)	45	35	35	35	35	40	40	40	45	45 <sup>5</sup>

- 1) For Apartment Building structures (building constructed in excess of 2 units), six thousand (6,000) square feet of land area shall be provided for each dwelling unit in addition to the required minimum lot area.
- 2) Two-hundred (200) feet of frontage is required for apartment building (multiple family) structures.
- 3) Minimum lot frontage shall be required on each street of a corner lot.
- 4) Front yard setback requirement shall apply to each street of a corner lot.
- 5) Maximum Building Height in LI 87-Height above this level available by Special Permit.

**BUSINESS 15-** Land Space Requirements/Residential Use. The same land space measurements as for Residential 10, General Residential District.



# TOWN OF DUDLEY

## Schedule of Inspections

For Building inspections call: 508-949-8012

A 24-hour notice is required for an inspection and the Building Official has 48 hours to complete the inspection

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### **FROST AND FOUNDATION WALLS**

Frost walls before any backfill is placed, Foundation walls before any backfill and after perimeter drains are installed, and damproofing is completed

As-built foundation plan submitted and approved

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**Building Official's signature on card or inspection sheet is required before any backfill is done**

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### **FRAMING AND FIREPLACE**

After the wiring, plumbing and gas/oil inspector(s) have signed the building permit card, and all framing has been completed

#### **Fireplace**

During the construction of the firebox and damper

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**No wall coverings or insulation is to be applied until the Building Official's signature is affixed on the Building Permit card**

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#### **Insulation**

After the insulation and vapor barrier have been installed

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**No wall coverings (sheetrock) can be applied anywhere until the Building Official's signature is affixed to the Building Permit card**

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### **Final Inspection for Certificate of Use and Occupancy**

After the Electrical, Plumbing, Gas/Oil Fire and Highway Departments have signed the card, and after the Certificate of Compliance for any septic system (if needed) has been issued

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### **HOUSE NUMBERS MUST BE DISPLACED ON THE HOUSE BEFORE A FINAL INSPECTION**

- The premises can not be used or occupied for any purpose until a Certificate of Use and Occupancy has been issued
- A \$50.00 re-inspection fee will apply if any inspector has to be sent to the property for a second time for the same inspection
- Permits void if construction is not started within six (6) months