



APPLICATION FOR BUILDING PERMIT

TOWN OF BRAINTREE

Date _____

B

To the INSPECTOR OF BUILDINGS:

The undersigned hereby applied for a permit to: Build Alteration Demolish Other according to the following specifications:

1. Location of Work: _____ Braintree, MA

2. Name and Address of Owner: _____

Phone Number: _____

3. Name and Address of Contractor: _____

Phone Number: _____

Cell Number: _____

4. Construction Supervisors License # _____ (Photocopy required)

Home Improvement Contractor Registration # _____ (Photocopy required)

5. Type of Construction: Frame: Wood Concrete/Steel Brick/Block
 Walls: Studs Pre-Cast Brick/Block
 Foundation: Concrete Piles Other _____

6. Number of Stories: _____

7. How is building occupied: Residential Business Industrial Other _____

If Residential, number of families: _____ If Business, number of units: _____

8. Brief Description of Proposed Work: _____

9. Plans Submitted: Yes No

All work to be performed in accordance with Massachusetts State Building Code (780 CMR).

10. Estimated Value of Work \$ _____



Home Owners obtaining permits under license waivers are not eligible for compensation under the State Home Improvement Contractor Program.

11. Signature of Owner or Authorized Representative: _____

OFFICIAL USE ONLY

Approved By: _____ Date: _____ Permit No: _____ Fee: _____

Map _____ Plot _____ District: _____

SPECIAL REQUIREMENTS

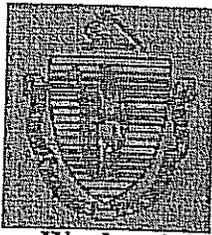
Certificate of Occupancy: is is not required before premises may be occupied. Certificate of Occupancy Fee: \$ _____

REQUIRED INSPECTIONS

Excavation: _____ Insulation: _____ Electrical: Rough: _____ Final: _____

Foundation: _____ Final: _____ Plumbing: Rough: _____ Final: _____

Rough Frame: _____ Fire Dpt: _____ Gas Fitting: Rough: _____ Final: _____



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:

- 1. I am an 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 #: _____

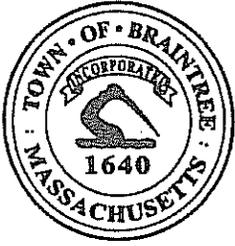
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Town of Braintree 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: R. Forsberg / M. McGourty Phone #: 781 794-8070

E. Erskine



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

DEBRIS FORM

In accordance with the provisions of MGL c. 40 s. 54, a condition of the Building Permit Number B_____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111 s. 150A.

The debris will be disposed of at:

(Location or name of disposal company)

(Signature of Applicant)

(Date)

**ENERGY CONSERVATION APPLICATION FORM FOR
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS
780 CMR Appendix J**

Applicant Name: _____
 Applicant Address: _____

 Applicant Phone: _____

Site Address: _____
 City/Town: _____
 Use Group: _____
 Date of Application: _____
 Applicant Signature: _____

Compliance Path (check one):

Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)

Package (A through KK from Table J5.2.1b): _____ Heating Degree Days (HDD₆₅) from Table J5.2.1a: _____

(For items d. through i., fill in all values that apply from Table J5.2.1b:)

- | | |
|---|-----------------------------------|
| a. Gross Wall Area _____ sq.ft. | f. Wall R-value <u>R-</u> _____ |
| b. Glazing Area ¹ _____ sq.ft. | g. Floor R-value <u>R-</u> _____ |
| c. Glazing % (100 x b ÷ a) _____ % | h. Basement wall <u>R-</u> _____ |
| d. Glazing U-value <u>U-</u> _____ | i. Slab Perimeter <u>R-</u> _____ |
| e. Ceiling R-value <u>R-</u> _____ | j. Heating AFUE _____ |

Component Performance: "Manual Trade-Off" (Limited to wood or metal framed buildings only)

Climate Zone (from Figure J6.2.2) Zone 12 Zone 13 Zone 14

Attach *Trade-Off Worksheet* from Appendix J, [and *HVAC Trade-Off Worksheet*, if applicable]

MAScheck Software

Attach *Compliance Report* and *Inspection Checklist* printouts

Home Energy Rating System Evaluation

Attach Home Energy Rating Certificate (HERS rating score must be 83 or higher)

Systems Analysis OR **Renewable Energy Sources**

Attach Mass Registered Architect or Engineer Analysis

ALTERNATIVE FOR ADDITIONS ONLY:

a. Gross Wall + Ceiling Area _____ sq.ft. b. Glazing Area¹ _____ sq.ft. c. Glazing % (100 x b ÷ a) _____ %

ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1.1.2.3.1 below:

MAXIMUM U-value	MINIMUM R-Values				
	Ceiling ²	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39 ³	R-37	R-13	R-19	R-10	R-10, 4 ft

- 1 Glazing Area may be either Rough Opening or Unit dimensions.
- 2 Based on NFRC listing. Applies either to every unit, or to area-weighted average of all units.
- 3 R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e.- not compressed over exterior walls, and including any access openings.)

"SUNROOM" addition (greater than 40% glazing-to-wall and ceiling gross area)

Attach "Consumer Information Form" from 780 CMR Appendix B.

Official's Name: _____

Official's Signature: _____

Application Approved Denied

Date of Approval/Denial: _____

Reason(s) for Denial: (provide additional details as needed on back side)



Account No. _____ Permit No. _____

**TOWN OF BRAINTREE
DEPARTMENT OF PUBLIC WORKS
Water & Sewer Division
90 Pond Street
Office: (781) 843-8097 Fax: (781) 843-8285
Braintree, Massachusetts 02184**

WATER & SEWER CONSTRUCTION PERMIT REVIEW APPLICATION

(See reverse side for instructions!!!!)

To: Water & Sewer Department

I hereby request approval to construct _____ at the dwelling located at _____. I attest that the furnished information is complete and correct. Furthermore, I give the Water and Sewer Department representative permission to inspect the dwelling prior to the issuance of an Occupancy Permit.

The number of existing bedrooms in this dwelling is _____. The number of bedrooms to be added is _____. I can be reached at (telephone no.) _____.

_____	_____	_____
Applicant / Contractor Signature	Print Name	Date
_____	_____	
Property Owner's Signature	Print Name	

If location is a business, include name of business and billing address: _____

* Property Owner/Contractor must provide a **TRENCH PERMIT** *prior* to service inspection.

DO NOT WRITE BELOW THIS LINE
WATER & SEWER DEPARTMENT ACTION

To: Russ Forsberg, Building Inspector

Date: _____

We have reviewed the plans for the proposed work at _____

Based on the above review, we have concluded:

The number of existing bedrooms is: _____ Commercial building sq.ft. is: _____

The number of bedrooms to be added is: _____ Restaurant facility # of seats: _____

The added sewer flow will be: _____ GPD Change of use: _____

The Sewer Sub-Area is: _____

The required fee is: \$ _____

Note: If added sewer flow exceeds 440 GPD then additional fees for Sewer System I& I will apply.

Fees are assessed by usage which is defined in the Department of Environmental Protection regulation CMR310.15

Added Flows	Gallons per Day	Total Gallons per Day	Cost per Gallon \$4.00	Sub Total

Gallons/Day	-	GPD Base 440	/	Sump GPD 500	x	Cost \$2500	Total Due

Sincerely,

Braintree Water & Sewer Department

TOWN OF BRAINTREE
WATER & SEWER DEPARTMENT
NEW CONSTRUCTION
FEE SCHEDULE

November 2007

	<u>1</u> <u>BEDROOM</u>	<u>2</u> <u>BEDROOMS</u>	<u>3</u> <u>BEDROOMS</u>	<u>4</u> <u>BEDROOMS</u>
GALLONS PER TITLE V	110 GPD	220 GPD	330 GPD	440 GPD
RESIDENTIAL ADDITION				
SEWER	\$ 220	\$ 440	\$ 660	\$ 880
WATER	<u>\$ 220</u>	<u>\$ 440</u>	<u>\$ 660</u>	<u>\$ 880</u>
TOTAL	\$ 440	\$ 880	\$ 1,320	\$ 1,760
NEW CONSTRUCTION				
SEWER	\$ 220	\$ 440	\$ 660	\$ 880
WATER	\$ 220	\$ 440	\$ 660	\$ 880
SEWER INSPECTION	\$ 50	\$ 50	\$ 50	\$ 50
WATER INSPECTION	\$ 50	\$ 50	\$ 50	\$ 50
WATER MAIN TAP	\$ 200	\$ 200	\$ 200	\$ 200
TURN ON	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>
TOTAL	\$ 790	\$ 1,230	\$ 1,670	\$ 2,110
SEPTIC CONVERSION				
SEWER	\$ 220	\$ 440	\$ 660	\$ 880
WATER	\$ -	\$ -	\$ -	\$ -
INSPECTION	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>	<u>\$ 50</u>
TOTAL	\$ 270	\$ 490	\$ 710	\$ 930

Over 440 GPD requires sump pump redirects and will be calculated separately.

Make check payable to "Braintree Water & Sewer Department"

* Property Owner/Contractor must provide a TRENCH PERMIT prior to service inspection.



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

AFFIDAVIT FOR ESTIMATED COST OF CONSTRUCTION

In accordance with the provisions of the Massachusetts State Building Code, Chapter 1, Section 109.3 the total estimated cost of the construction including all related construction costs of the building located at: _____

Amounts to \$ _____

I, _____ being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

- Related construction costs include all work done with or concurrently with the work contemplated by the building permit including Demolition, HVAC, Plumbing, Electrical, Fire Protection, Finishes, Applicable Landscaping and Site Improvements. Furnishings and portable equipment are not part of the total construction costs; however, a separate fixturing permit may be required.

Signature of Owner

Commonwealth of Massachusetts

_____ s s. _____ 20____

Then personally appeared the above named _____
And made oath that the above statement is true.

Before Me,

Notary Public
My Commission Expires: _____



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CONSTRUCTION CONTROL DOCUMENT

Project Title: _____ Date: ____/____/____

Project Location: _____

Scope of Project: _____

In accordance with Chapter 1, Section 107 of the 8th Edition of the Massachusetts State Building Code, inclusive of all amendments thereto:

I, _____ MA. Registration No. _____

Being a registered professional Architect/Engineer, hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

_____ Entire Project	_____ Architectural	_____ Structural	_____ Mechanical
_____ Fire Protection	_____ Electrical	_____ Plumbing/Gas	_____ Other _____

For the above named project and that to the best of my knowledge, such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, all acceptable engineering practices and all applicable laws for the proposed project.

Furthermore, I understand and agree that I shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to determine that the work is proceeding in accordance with the documents approved by the building permit and shall be responsible for the following as specified in Chapter 1, Section 107 of the Massachusetts State Building Code:

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for the building permit, and approval for the conformance to the design concept;
2. Review and approval of quality control procedures for all code required controlled materials.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine, in general, if the work is being performed in a manner consistent with the construction documents.

I shall submit periodically, in a form acceptable to the building official, a progress report together with pertinent comments. Upon completion of the work, I shall submit to the building official a final report as to the satisfactory completion and readiness of the project for occupancy.

Signature of registered professional: _____

Subscribed and sworn before me this _____ day of _____, 20____)

_____, Notary Public. My commission expires on _____



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Mayor

AFFIDAVIT FOR FINAL COST OF CONSTRUCTION

In accordance with the provisions of the Massachusetts State Building Code, Chapter 1, Section 109 the total final cost of the construction including all related construction costs of the building located at:

Amounts to \$ _____

I, _____ being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

- Related construction costs include all work done with or concurrently with the work contemplated by the building permit including Demolition, HVAC, Plumbing, Electrical, Fire Protection, Finishes, Applicable Landscaping and Site Improvements. Furnishings and portable equipment are not part of the total construction costs; however, a separate fixturing permit may be required for such work.

Signature of Owner

Commonwealth of Massachusetts

_____ s s. _____ 20____

Then personally appeared the above named _____
And made oath that the above statement is true.

Before Me,

Notary Public
My Commission Expires: _____

OFFICE USE ONLY

Final Cost\$ _____
Original Estimate....\$ _____

Additional Fee Required \$ _____
To Amend Fee Under Permit # _____