



# 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

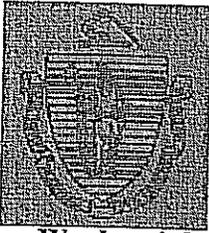
Certificate of Occupancy:  is  is not required before premises may be occupied. Certificate of Occupancy Fee: \$ \_\_\_\_\_

### 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:**

- |   |   |
|---|---|
| <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 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: 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

## AFFIDAVIT Home Improvement Contractor Law Supplement to Permit Application

MGL c. 142A requires that the reconstruction, alteration, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing, owner occupied building containing at least one but not more than four dwelling units, or two structures which are adjacent to such residence or building, be done by registered contractors with certain exception, along with other requirements.

Type of Work: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

I hereby certify that registration is NOT required for the following reason(s):

- Work excluded by law
- Job under \$1,000
- Building not owner occupied
- Owner pulling own permit
- Other (specify) \_\_\_\_\_

Notice is hereby given that:  
Owner pulling their own permit or dealing with unregistered contractors for applicable Home Improvement work do not have access to the arbitration program or guaranty fund under MGL c. 142A.

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date	Contractor Name	Registration No.
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Notwithstanding the above notice, I hereby apply for a permit as owner of the above property:

Date	Owner Name/Signature
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### 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:**

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(Location or name of disposal company)

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(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 (HDD<sub>65</sub>) 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 R-_____
b. Glazing Area <sup>1</sup> _____ sq.ft.	g. Floor R-value R-_____
c. Glazing % (100 x b ÷ a) _____ %	h. Basement wall R-_____
d. Glazing U-value U-_____	i. Slab Perimeter R-_____
e. Ceiling R-value R-_____	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 Area<sup>1</sup> \_\_\_\_\_ 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 <sup>3</sup>	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39 <sup>2</sup>	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**

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

To: Russ Forsberg, Building Inspector

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>2</u>	<u>3</u>	<u>4</u>
	<u>BEDROOM</u>	<u>BEDROOMS</u>	<u>BEDROOMS</u>	<u>BEDROOMS</u>
GALLONS PER TITLE V	110 GPD	220 GPD	330 GPD	440 GPD
 RESIDENTIAL ADDITION				
SEWER	\$ 220	\$ 440	\$ 660	\$ 880
WATER	\$ 220	\$ 440	\$ 660	\$ 880
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	\$ 50	\$ 50	\$ 50	\$ 50
TOTAL	\$ 790	\$ 1,230	\$ 1,670	\$ 2,110
 SEPTIC CONVERSION				
SEWER	\$ 220	\$ 440	\$ 660	\$ 880
WATER	\$ -	\$ -	\$ -	\$ -
INSPECTION	\$ 50	\$ 50	\$ 50	\$ 50
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.