



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 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. 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

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)



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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: _____



Department of Municipal Licenses and Inspections

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Joseph C. Sullivan
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.

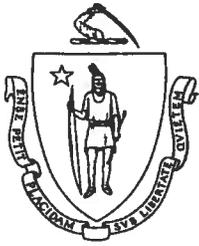
Before Me,

Notary Public
My Commission Expires: _____

OFFICE USE ONLY

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

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



Initial Construction Control Document

To be submitted with the building permit application by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: New construction Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional*, and I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Structural | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Electrical | <input type="checkbox"/> Other _____ |

for the above named project and that to the best of my knowledge, information, and belief such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
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 if the work is being performed in a manner consistent with the approved construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

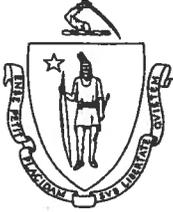
Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____



Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8th Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: _____ Date: _____

Property Address: _____ Building Permit No.: _____

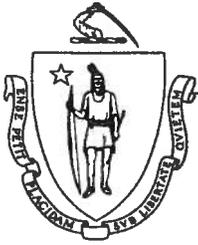
Required Inspections to be performed by the Building Official^{1,6}			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System ²	
Concrete Slab/Under Floor		Carbon Monoxide System ⁴	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump ³	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Componentets		Final inspection	
Required Site Review and Documentation for Portions or Phases of Construction^{1,6,7} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation ²	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Componentets		Other Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) _____ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals and will copy all individuals with 780 CMR 107 responsibility.

Signature: _____ Phone No.: _____ Email: _____
Signature or type name if electronic signature

Building Official Use Only	
Building Official Name: _____	Date: _____



Construction Control Progress Checklist

To be submitted at completion of required site reviews for construction progress per the 8th edition of the Massachusetts State Building Code, 780 CMR, Section 107

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

I, _____ MA Registration Number: _____ Expiration date: _____ am a *registered design professional* and I or my designee have observed the following work, and to the best of my knowledge, information, and belief the construction work indicated below has been performed in a manner consistent with the approved plans and specifications.

Required Site Review and Documentation for Portions or Phases of Construction ^{1,6} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition and analysis		Energy Efficiency Requirements	
Footing and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation ²	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems (Special Inspection per Sections 909.3 and 909.18.8)	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Component			
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

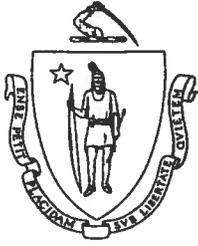
Description of Construction Work Observed^a:

^a Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only	
Building Official Name: _____	Date: _____



Final Construction Control Document

To be submitted at completion of construction by a
Registered Design Professional
for work per the 8th edition of the
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

Project: Check one or both as applicable: New construction Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a
registered design professional, and I have prepared or directly supervised the preparation of all design plans,
computations and specifications concerning:

- Architectural Structural Mechanical
- Fire Protection Electrical Other: _____

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only		
Building Official Name: _____	Permit No.: _____	Date: _____



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	<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.