

# Town of Petersham

William Cantell \* Inspector of Buildings

3 South Main Street

Petersham, MA 01366-0486

buildingdept@townofpetersham.org

www.townofpetersham.org

Office 978-724-3586 \* Fax 978-724-3501

Office hours are by appointment

## Procedure for Obtaining a Building Permit

1. \*Get a plot plan from assessors. Andrea can be reached at 978-724-6658.  
Email [petershamboa@ymail.com](mailto:petershamboa@ymail.com)
2. Include building plans, workers compensation and debris disposal.
3. If doing the work yourself please sign homeowner warning notice.
4. Meet with the Planning Board. Meetings are as posted or call Fraser Sinclair, Chair at 978-724-3345.
5. Make sure you have a sign-off from Tax Collector that all Real Estate taxes have been paid. 978-724-6620 or [petershamtax@verizon.net](mailto:petershamtax@verizon.net).
6. \*Find out if your building lot is DCR (Department of Conservation & Recreation) affected. You need to know your parcel number. If you have any questions please call DCR @413-323-6921.
7. If you are in the Historic District, you need to meet with the Historic District Commission, contact Robert Clark, Chair at 978-724-3564..
8. If your lot contains any wetlands, you need to contact the Petersham Conservation Commission. They usually meet the 2<sup>nd</sup> Tuesday of the month or as posted, or call Robert Clark, Chair at 978-724-3564.
9. \*The Highway Superintendent, Greg Waid issues driveway permits. He can be reached at 31 South Street, 978-724-3211.
10. \* You need to install a well on your property before a building permit can be issued. The Board of Health issues well permits. BOH can be reached at 978-724-0057. Meetings are the 1<sup>st</sup> and 3<sup>rd</sup> Thursday of the month at 7:00 p.m., or as posted at [www.townofpetersham.org](http://www.townofpetersham.org). The board can be reached at [petershamboh@verizon.net](mailto:petershamboh@verizon.net).
11. The Board of Health will also issue a permit for the sewage disposal system.
12. Items that need to be submitted to the building inspector for permit issuance are:
  - a. Plot Plan. An approved septic design is acceptable as long as it shows the location of the proposed structure on the property.
  - b. Construction Plans. Please include a cross section of the structure, showing sufficient details to fully describe the work intended.
  - c. Energy Code compliance report. MAScheck software is available online at [www.mass.gov/bbrs](http://www.mass.gov/bbrs) Home Energy Rating Certificate (HERS)
  - d. Construction Supervisor's License if you are hiring a general contractor, and Home Improvement Contractor Registration for every building permit application unless you are applying as homeowner.
  - e. Worker's Compensation Insurance Affidavit must accompany every building permit application.
  - f. Debris Disposal
  - g. If applying as homeowner, include homeowner warning notice
  - Items that are only required for new homes.
  - The Building Inspector issues house numbers

4/29/2021



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: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Building Commissioner/Inspector of Buildings

I certify that the owner below is not delinquent in any Real Estate Taxes in their name in the Town of  
Petersham.

Tax Collector \_\_\_\_\_ Date \_\_\_\_\_

<b>1.1 Property Address:</b> _____	<b>1.2 Assessors Map &amp; Parcel Numbers</b> _____
1.1a Is this an accepted street? yes _____ no _____	Map Number _____ Parcel Number _____
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____	<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work<sup>2</sup>:  
\_\_\_\_\_  
\_\_\_\_\_

**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: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**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<sup>1</sup> 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 \_\_\_\_\_  
Information on the Construction Supervisor License can be found at \_\_\_\_\_

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"



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5.  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. ‡
6.  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):

7.  New construction
8.  Remodeling
9.  Demolition
10.  Building addition
11.  Electrical repairs or additions
12.  Plumbing repairs or additions
13.  Roof repairs
14.  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 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: \_\_\_\_\_ 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_

## HOMEOWNER WARNING NOTICE

### IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

- A homeowner is defined as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and /or farm structures. If you do not meet this definition, a building permit cannot be issued to you as a homeowner.
- You will be personally responsible for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You must contact the Bldg. Dept. to schedule all required inspections.
- You must be present for all inspections.
- You have waived all rights to the Massachusetts Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your property may sue you, if you, or the company they work for, does not carry Workman's Compensation Insurance.
- Failure to carry Workman's Comp. Ins. may result in criminal penalties, i.e. fines and /or imprisonment (Reference MGL c. 152 Sec. 25).
- It is not the responsibility of the Building Department to quote, give explanations or advice on or about Massachusetts Building Code. It is your responsibility to understand and follow all codes.

This warning has been assembled due to a majority of those citizens that sign a Homeowner's Exemption Form are not aware of ALL the responsibilities, when assuming the General Contractor Responsibilities.

Your signature below verifies you have read this warning and fully understand its meanings and the ramifications of being General Contractor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Property \_\_\_\_\_ Permit # \_\_\_\_\_

**DEBRIS DISPOSAL FORM**

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number \_\_\_\_\_ 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 in:

\_\_\_\_\_  
LOCATION OF FACILITY

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

\_\_\_\_\_  
Date

=====  
**AFFIDAVIT**

As a result of the provisions of MGL c 40, S 54, 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 150A.

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

(PRINT OR TYPE THE FOLLOWING INFORMATION)

\_\_\_\_\_  
Name of Permit Applicant

\_\_\_\_\_  
Firm Name, if any

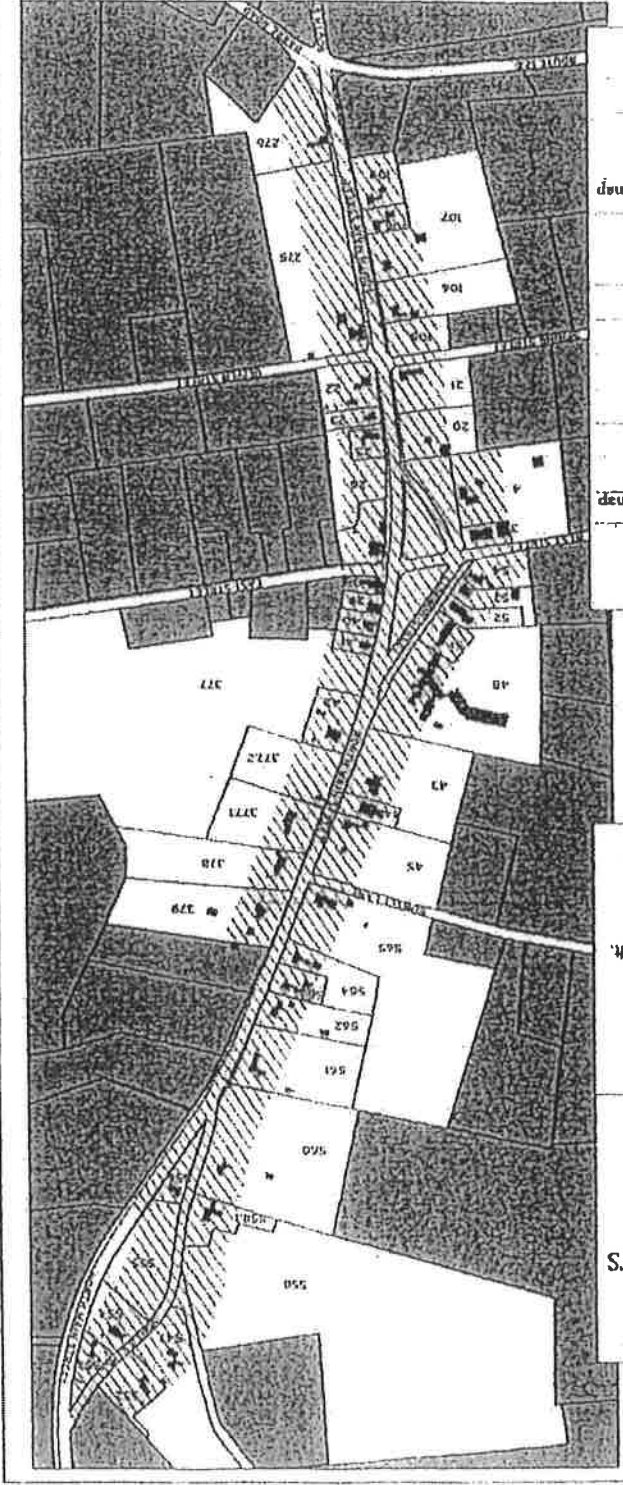
Approved by Selectmen and Planning Board on May 23, 2016  
 Date: June 23, 2016  
 Signed original of this map  
 is on file in Town files  
 with HDC, Town Clerk,  
 Building Inspector

Approved by  
 Historic District Commission  
 Date: May 26, 2016  
 Signed original of this map  
 is on file in Town files  
 with HDC, Town Clerk,  
 Building Inspector

Approved by  
 Historic District Commission  
 Date: May 26, 2016  
 Signed original of this map  
 is on file in Town files  
 with HDC, Town Clerk,  
 Building Inspector

Parcel No. in the District  
 District Area  
 Indicates 200 ft.  
 Abutting  
 Parcel  
 Not in District

TOWN  
 OF PETERSHAM  
 MASSACHUSETTS  
 HISTORIC  
 DISTRICT



## **General Information**

**Applicability:** Building permits are required for any construction, reconstruction, alteration, repair, moving or demolition of a building or structure; or change of use and occupancy; or for the installation or alteration of any equipment which is regulated under the provisions of the Massachusetts State Building Code.

**Exemptions:** Building permits are not required for, one story detached accessory structures used as tool or storage sheds provided that the floor area does not exceed 200 square feet in Residential Zoning or 120 square feet in Commercial or Business zoning. (regardless of the size, zoning setbacks must be followed) ; fences 7 feet in height or less; retaining walls which retain less than 4 feet of unbalanced fill; ordinary repairs and maintenance which do not alter the building or structure; greenhouse covered exclusively with plastic film.

## **Submittals**

**Application:** Application must be made by the owner or authorized agent. The application must be thoroughly and accurately completed. Accuracy and completeness will directly affect the time required to process the application through the Planning, Conservation, Health, Water and Sewer, Fire and Inspections Departments. The Massachusetts State Building Code (780 CMR) provide that the building official shall review an application within 30 days of filing. For purpose of this section, the application is not considered to have been filed until other departments have approved it and it is returned to the Inspections Department for plan review. The building permit fee, payable to the town of permit application in the correct amount , must be included with the permit application (some amounts may be determined after permit application is presented). Permit fees are not reimbursable, non-transferable, nor does payment guarantee issuance of a building permit.

**Construction Documents:** Include one (1) set of scaled drawings and specifications and two (2) half size or 11 x 17 set with the completed application. The plans must be of sufficient clarity, detail and dimensions to show compliance



with the building code, including identification of Code Books the plans are drawn on. At a minimum, construction documents shall include the following: foundation plans and details, floor plans with room dimensions and showing the location of all fire protection systems and heating system storage areas, exterior building elevations, framing plans showing structural elements and connection details, schedule and/or detail of door and window installation and energy conservation details. If the proposed work involves adding a bedroom, the plans must show location of smoke and carbon monoxide detectors.

Work requiring the installation of fire alarm/fire protection must also be shown on the plans. Upon plan review by the Inspections Department, one (1) set of plans will be forwarded to the Fire Department for inspection purposes. Upon building permit issuance, the full size set of plans will be returned to the applicant with the required inspections noted on the plans.

**Stamped Plans:** Plans and specifications for any building containing more than 35,000 cubic feet of enclosed space must be stamped and signed by a Massachusetts registered architect or engineer. In addition, the building official may require the services of a registered design professional for plans involving the design of any structural member or building system.

**Plot Plan:** If the footprint of an existing building or structure is being changed or a new building is being located on a lot, a scaled plot plan must be submitted with the application. The plot plan, drawn and stamped by a registered land surveyor, must show lot dimensions, locations and setbacks of all existing and proposed structures, easements, septic systems, location of any flood zones and wetland. A mortgage survey plan will not be accepted to satisfy this requirement.

**Construction Supervisor License and/or Home Improvement registration:**

If application is made by the contractor of record, include a valid copy of your Massachusetts Construction Supervisor License and/or Home Improvement Registration, if applicable. If a homeowner is applying for a building permit (one and

two family only), a completed homeowner exemption affidavit must be included with the application (form available at the Inspections Dept. or on-line).

**Debris Disposal Affidavit:** A signed completed Debris Disposal Affidavit is to included with all permit applications (form available at Inspections Dept. or on-line).

**Worker's Compensation Insurance Affidavit:**

Complete and sign Worker's Compensation Insurance affidavit and include copy of insurance policy, if applicable (form available at Inspections Dept. or on-line).

**Additional Information**

**Posting of Permit:** The building permit signature card must be posted at the work site in clear view and protected by the weather at all times and made available to the appropriate inspector during the required inspection. Provide a self addressed stamped envelope for permit signature card to be forwarded.

**Required Inspections:** The building permit will indicate specific points in the construction process at which inspections must be made. No work should proceed until each of these phases has been inspected and approved. It is the applicant's responsibility to notify each inspector at least 48 business hours in advance of each required inspection.

**Expiration of Permit:** A building permit expires if the work authorized is not started within six (6) months of issuance and continued, in good faith, to completion.

**Occupancy:** Upon completion of work for new construction or change of use, a Certificate of Use and Occupancy must be obtained by the applicant before the building can be occupied.