

Town of Petersham

Brianna Skowyra * Inspector of Buildings

3 South Main Street

Petersham, MA 01366-0486

petershambldginsp@verizon.net

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

Office hours are Mondays (except Holidays) 5:00 to 6:00 p.m.

Procedure for Obtaining a Building Permit

1. *Get a parcel number from assessors. Kelly can be reached at 978-724-6658.
Office hours are Monday, Tuesday and Wednesday 7:00-3:30
2. Meet with the Planning Board. Meetings are as posted or call Fraser Sinclair, Chair at 978-724-3345.
3. Make sure you have a sign-off from Tax Collector that all Real Estate taxes have been paid.
4. *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.
5. If you are in the Historic District, you need to meet with the Historic District Commission, contact Nancy Allen, Chair at 978-724-0075.
6. If your lot contains any wetlands, you need to contact the Petersham Conservation Commission. They usually meet the 2nd Tuesday of the month or as posted, or call Robert Clark, Chair at 978-724-3564.
7. *The Highway Superintendent, Greg Waid issues driveway permits. He can be reached at 31 South Street, 978-724-3211.
8. * 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 1st and 3rd Thursday of the month at 7:00 p.m., or as posted at www.townofpetersham.org. Office hours are Monday from 6:00 p.m. to 7:00 p.m. and can be reached at petershamboh@verizon.net.
9. The Board of Health will also issue a permit for the sewage disposal system.
10. 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/bbbs
 - d. Construction Supervisor's License if you are hiring a general contractor, and Home Improvement Contractor Registration for every building permits application other than new home, applied for by contractor.
 - e. Worker's Compensation Insurance Affidavit must accompany every building permit application.
 - f. *If you are using a modular home, "A construction supervisor, duly licensed in accordance with 780 CMR R5, shall, in accordance with 780 CMR 108.3.5, act as the agent for the owner for the purpose of applying for and obtaining any and all building permits required for the field erection of all one or two family manufactured dwellings subject to the provisions of 780 CMR 35 and applicable 780 CMR R3." Modular home companies must be listed with Commonwealth of Massachusetts in order to be installed in this state.

The building inspector issues house numbers.

* Items that are only required for new homes.

5/25/17



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 the Town of Petersham.

Tax Collector _____ Date _____

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)

Public Private

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes

1.8 Sewage Disposal System:

Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____
No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: _____

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 ³ (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: OWNER¹ 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 www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	

3. "Total Project Square Footage" may be substituted for "Total Project Cost"