

**Residential Building Permit Application “Checklist” For 1 & 2 Family**  
**Building Department, City of Marlborough**

While this office shall make every attempt to process your application in a timely manner, we have 30 days to review your full application. Planning in advance is critical. Applications are processed in the “ORDER” in which they come in and are delayed, primarily for one of three reasons.

1. Missing, wrong, in-accurate, non-legible information
2. Approvals or Reviews may be required by other Municipal Departments Boards or Permit Granting Authorities
3. The amount of activity in this office the time you bring in your application

Depending on the nature of your project, below is a checklist of what this office requires.

**Make sure you include your email.**

**SECTION 1: FOR INTERIOR RENOVATIONS, REMODELING, SIDING, WINDOWS, ROOFS, ROOFING EXISTING PORCHES, INSULATION, ROOF MOUNTED SOLAR PANELS, SOLID FUEL BURNING APPLIANCES etc.**

Applicants must supply the information below that is applicable to your proposed project.

- Completed Application
- Workman’s Comp Form
- Workman’s Comp Insurance Naming City of Marlborough as Certificate Holder
- Copy of a Contract-Signed and Dated by both parties-Property Owner & Licensed Contractor  
**(Required under M.G.L. 142A Home Improvement Contractor Law)**
- Homeowners’ exemption Form (Required For Owners taking out their own permit)
- Copy of the Contractors’ License and Home Improvement Registration.
- Plans-One hard copy 11X17, one CD and Attach a Brief a Narrative-(Description of the project if necessary)
- Roof mounted solar panels require a stamped/signed structural roof report from an engineer
- Replacement windows require Energy Compliance Sticker
- Solid Fuel Burning Appliances - Manufactures’ Installation Instructions
- Other

**SECTION 2: FOR: ADDITIONS, DECKS, SWIMMING POOLS AND ACCESSORY-STRUCTURES.**

In addition to **Section 1** above, the applicant must also supply the following information, applicable to your proposed project.

- Completed “**Res-Check**” must be attached
- Copies of Any variances or Special permits must be attached to your applications
- Plot Plan - stamped by city engineers
- Site Plan Review From Conservation-(Lower Level City Hall) Last page has section for Conservation to sign

**SECTION 3. FOR: NEW SINGLE FAMILY HOMES, DECKS, SWIMMING POOLS AND ACCESSORY-STRUCTURES.**

In addition to **Sections One & Two** above, the applicant must also supply the following information.

- Completed “**Hers Rating**” must be attached
- Approved Plot Plan Signed Off by City Engineers
- Permit from city engineers to connect city Utilities/Services
- Approved, stamped septic design
- Sign-off from the Health Department for septic systems

**City Of Marlborough – Building Department**  
**Second Floor City Hall 140 Main St. Marlborough Massachusetts**

**BUILDING PERMIT APPLICATION – RESIDENTIAL 1 & 2 Family Only**

**DO NOT FILL IN SHADED AREAS – FOR OFFICE USE ONLY.**

**Building Permit Number:** \_\_\_\_\_ **Date Applied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_  
**Building Commissioner/OR His Designee Local Inspector**

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:** \_\_\_\_\_

Name of Owner \_\_\_\_\_

Owner's Address if Different than above: \_\_\_\_\_

**A Zoning & Conservation Review is also Required – For New Homes, Additions & Accessory Structures**

<b>1.2 Assessors Map &amp; Parcel Numbers:-N/A</b> N/A _____ Map Number _____	<b>1.3 Zoning Information: For Sections 2 &amp; 3 only</b> Zoning District _____ Proposed Use _____
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**For Sections 2 & 3**

**1.4 Property Dimensions:** \_\_\_\_\_  
 Lot Area (Sq. Ft.) \_\_\_\_\_ Frontage (Ft) \_\_\_\_\_

**1.5 Building Setbacks (Ft) 1.5 Is For Additions, Accessory Structures and New Homes Only**

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

**For New Homes Only**

1.6 Water Supply: Public - <input type="checkbox"/> Private - <input type="checkbox"/>	1.7 Sewage Disposal System: Public - <input type="checkbox"/> Private - <input type="checkbox"/>
1.7 Flood Zone Information ZONE- _____	Outside Flood Zone: YES - <input type="checkbox"/> NO - <input type="checkbox"/>

**CONSERVATION REVIEW & SIGN-OFF IS ON THE LAST PAGE**

**SECTION 2: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (Check All That Apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Single Family            | <input type="checkbox"/> New Duplex / 2-Family | <input type="checkbox"/> New Multi Family (3+)                    |
| <input type="checkbox"/> New Addition                 | <input type="checkbox"/> New Condo / Townhouse | <input type="checkbox"/> New Foundation                           |
| <input type="checkbox"/> New Garage Attached          | <input type="checkbox"/> New Garage Detached   | <input type="checkbox"/> Finishing Basement or Attic              |
| <input type="checkbox"/> Remodel                      | <input type="checkbox"/> Alteration            | <input type="checkbox"/> Renovation Due To Fire / Catastrophe     |
| <input type="checkbox"/> Accessory Bldg-Over 200 sft. | <input type="checkbox"/> Deck                  | <input type="checkbox"/> Open Porch                               |
| <input type="checkbox"/> Enclosed Porch               | <input type="checkbox"/> Interior Demolition   | <input type="checkbox"/> Soli Fuel Burning Appliances             |
| <input type="checkbox"/> Above-Ground Pool            | <input type="checkbox"/> In-Ground Pool        | <input type="checkbox"/> Sunroom                                  |
| <input type="checkbox"/> Replacement Windows          | <input type="checkbox"/> Siding                | <input type="checkbox"/> Strip/ Re-Roof                           |
| <input type="checkbox"/> Retaining Wall 4' Plus       | <input type="checkbox"/> Change Of Use         | <input type="checkbox"/> Installation of Solar Panels-Roof/Ground |

**DEMOLITION OF BUILDINGS Also requires an Appendix 2 form to be completed as well.** Interior gutting is done under the regular building permit and added to the scope of work. Hazardous materials must also be identified prior to Demolition & "Interior gutting".

**DESCRIPTION OF WORK - ATTACH ADDITIONAL SHEET IF NECESSARY**

\_\_\_\_\_  
 \_\_\_\_\_



**COST OF CONSTRUCTION-Building Permit Valuations-PERMIT FEES**

**Building Permit Valuations.** The applicant for a permit shall provide an estimate of permit value at time of application. If, in the opinion of the *Building Commissioner, Local Inspector, Electrical Inspector, Plumbing & Gas Inspector* the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the *Building Commissioner*.  
*The Final Building Permit, Plumbing Permit, Gas Permit & Electrical permit valuation shall be set by the Building Commissioner, Local Inspector, Electrical Inspector, Plumbing & Gas Inspector issuing the permit*

**HOMEOWNER LICENSE EXEMPTION –**  
**Required if The Homeowner is Applying for the Building Permit - Please print.**

**JOB LOCATION** \_\_\_\_\_  
(Number) street address

**“HOMEOWNER”** \_\_\_\_\_  
(Name) home phone EMAIL

**PRESENT MAILING ADDRESS** \_\_\_\_\_  
(city/town) state zip code

The current exemption for “homeowners” was extended to include owner-occupied dwellings of four units or less and to allow such homeowners to engage an individual for hire that does not possess a license, provided that the owner acts as supervisor. (State Building Code Section 108.3.5)

Any homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 108.3.5; provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as supervisor. This exception shall not apply to the field erection of a manufactured building constructed pursuant to 780 CMR 35.00 and 780 CMR 110.R.3.

**DEFINITION OF HOMEOWNER;**

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. By signing this form the “homeowner” understands that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5)

The undersigned “homeowner” assumes responsibility for compliance with the State Building code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the City of Marlborough’s Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

1. *Any Homeowner Who Obtains A Building Permit To Do His / Her 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 And Construction Supervisor Licensing (CSL) Can Be Found In 780. CMR Regulations 110.R6 and 110.R5, Respectively.*

**NOTE:** Homeowners who submit an insurance affidavit, indicating they are doing all the work themselves but then hire outside Building Contractors must submit a new affidavit indicating such. Outside contractors must also hold the appropriate License (CSL) & or their HIC Registration. If they (outside contractors) have employees they submit proof of workers comp insurance to this office as well.

**HOMEOWNER’S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL OF BUILDING OFFICIAL** \_\_\_\_\_ **Date:** \_\_\_\_\_



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 #: \_\_\_\_\_

<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>	<p>6. <input type="checkbox"/> New Construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing Repairs</p> <p>12. <input type="checkbox"/> Roof Repairs</p> <p>13. <input type="checkbox"/> Other</p>
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\*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 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 #: \_\_\_\_\_

<b>OFFICIAL USE ONLY. DO NOT WRITE IN THIS AREA, TO BE COMPLETED BY CITY OR TOWN OFFICIAL.</b>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (circle one):</b>	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____	
Contact Person: _____	Phone #: _____

**WASTE DISPOSAL**

**As a result of the provisions of MGL Ch.40-s54, I acknowledge that as a condition of building permit 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 Ch.111-s150A.**

**Waste Disposal or Solid Waste Facility** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Town/City, State, Zip** \_\_\_\_\_

**DEPENDING ON YOUR PROJECT, ADDITIONAL INFORMATION MAY BE REQUIRED**

**SWIMMING POOL INFORMATION**

1. **Circle Type of pool:**                      In-ground                                      Aboveground
2. **Site plan showing location of the pool required:** Plan Attached to Application – YES                      NO
3. **Applicant must check with Conservation to verify the locations of any wetlands etc.**
4. **Applicant must also identify who is Responsible for installing the “Guards/Fence”. In-ground pool permit will not be issued without a “Fence/Guard Permit”**

**INSTALLATION OF SOLID FUEL BURNING APPLIANCES**

**Circle Type of Your Appliance:**                      INSERT                                      FREESTANDING  
**Type of fuel to be burned** \_\_\_\_\_ **UL Testing Lab Number:** \_\_\_\_\_  
**Serial Number:** \_\_\_\_\_ **Location of installation:** \_\_\_\_\_

A Copy Of The Manufacturers Installation Instructions Must Also Be Included AND You Must Also Reference Your Particular Installation.

**NOTE:** A woodstove CANNOT vent into a chimney being used to vent an oil or gas fired appliance!

**CONSERVATION – WETLANDS – RIVERS**

If any work requiring a Building Permit is within 100 feet of wetlands or 200 feet from a river, a Conservation permit must be attached. This includes but not necessarily limited to the following Construction projects. **New Home, Additions, Decks, Swimming Pools, Accessory Structures**, etc. Please submit your address to the Conservation Officer (Lower Level City Hall) to determine if conservation approval is necessary.

- a. I have reviewed the submitted information and confirmed this project is outside the wetlands –
- b. I have reviewed the submitted information and confirmed this project requires an additional, conservation Assessment - Notice of Intent                       or                      Request for Determination

\_\_\_\_\_  
Conservation Officer

\_\_\_\_\_  
Date

**RESERVED**