

**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 Lien 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



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: \_\_\_\_\_

Building Official (Print Name)

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 1: SITE INFORMATION

**1.1 Property Address:**

## 1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes no

| Map Number | Parcel Number |
|------------|---------------|
|------------|---------------|

### 1.3 Zoning Information:

### 1.4 Property Dimensions:

| Zoning District | Proposed Use |
|-----------------|--------------|
|-----------------|--------------|

| 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 ☐

**1.9 Trench Permit:** A trench will not be Required \_\_\_ or trench permit is enclosed

## 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 ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ Specify: \_\_\_\_\_

### Brief Description of Proposed Work

[illegible]

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only   |
|----------------------------------|---|---|
| 1. Building                      | \$  | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> \$25.00 Minimum Application Fee < \$2500.00 project cost:<br>or<br><input type="checkbox"/> Total Project Cost _____ x multiplier (10) _____ |
| 2. Electrical                    | \$  |   |
| 3. Fire Alarm                    |   |   |
| 4. Plumbing                      | \$  | 2. Other Fees, finds or penalties: \$ _____   |
| 5. Mechanical (HVAC)             | \$  | Check No. _____ Check Amount: _____ Cash Amount: _____  |
| 6. Mechanical (Fire Suppression) | \$  | <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____   |
| 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&amp;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 \_\_\_\_\_

**MUST BE LEGIBLE****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 [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://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)  
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" with

**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**

**ADDITIONAL INFORMATION MAY BE REQUIRED**

**DEPENDING ON YOUR PROJECT,**

**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.

**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

**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 –  
☐

**RESERVED**

- 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



**The Commonwealth of Massachusetts Department of Industrial Accidents**  
**Office of Investigations 600 Washington Street Boston, MA 02111 [www.mass.gov/dia](http://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 #: \_\_\_\_\_

|   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*   | 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.†  | 6. <input type="checkbox"/> New Construction                 |
| 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.] | 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.] | 7. <input type="checkbox"/> Remodeling                       |
| 3. <input type="checkbox"/> I am a homeowner doing all work Myself, [No workers' comp. insurance required] ‡  |  | 8. <input type="checkbox"/> Demolition                       |
|   |  | 9. <input type="checkbox"/> Building addition                |
|   |  | 10. <input type="checkbox"/> Electrical repairs or additions |
|   |  | 11. <input type="checkbox"/> Plumbing Repairs                |
|   |  | 12. <input type="checkbox"/> Roof Repairs                    |
|   |  | 13. <input type="checkbox"/> 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 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: \_\_\_\_\_ 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 #: \_\_\_\_\_