TOWN OF WEST STOCKBRIDGE
BUILDING PERMIT/SITE PLAN REVIEW
APPLICATION INSTRUCTIONS

A building permit is required for most construction projects, including but not necessarily limited to:

New Structures
New Additions
New Roof sheeting on existing structure
New Roofing material
New Interior Partitions in existing structure
New Sheetrock in existing structures
New Windows or skylights in existing structure
New Foundation on existing structure
New Chimney, fireplace or woodstove in existing structure
New Doorway in existing structure, if it includes framing
New Staircase in existing structure
New Accessory Buildings
Demolition/Removal of structures
Moving an existing structure

We recommend that in all cases, regardless of the type of construction, that an applicant consult with the Building Commissioner /Zoning Enforcement Officer prior to submitting a building permit application. **For new homes, additions and other new buildings, the following SITE PLAN REVIEW is required.** Projects not requiring substantial new construction may not need all of these reviews.

1) Contact the Building Commissioner/Zoning Enforcement Officer, Don Fitzgerald at 413.232.0300 ext. 313. He will provide information on State Building Codes and Requirements and advise you if your project conforms to the Town of West Stockbridge Zoning Bylaws.
2) The Town Clerk's Office issues house numbers for new homes. Please contact the Office to obtain an application.
3) Obtain a sign-off from the Conservation Commission to determine if ther are wetlands present that may restrict building.
4) Obtain a sign-off from the Board of Health and/or obtain a well permit for new buildings and certain additions. You will also need to obtain a septic system permit.
5) Submit three (3) copies of the completed Building Permit/Site Inspection Plan Review Application along with building plans and a certified plot plan showing the location of any new structures to the Building Commissioner. Include the **Permit Fee, made payable to the Town of West Stockbridge.**

   Fee: Twenty Five Dollars ($25), plus twenty Five Cents ($.25) per square foot of structure area (including all porches and decks). Please note that a discounted fee of $25 plus $.05 per square foot applies to those who can demonstrate that the permit is for low and moderate income housing or that the applicant is a non-profit developing affordable rental housing.

6) Submit a driveway permit application to the Highway Superintendent

7) You must have an approved septic system (unless municipal sewer is available) and a source of potable water at the time of submittal.

8) Install foundation and call the Building Commissioner before backfilling for inspection.

9) Obtain a Plumbing Permit from the Plumbing Inspector

10) Obtain a Wiring Permit from the Wiring Inspector.

11) Obtain Gas or Oil Burner Permit(s) if applicable

12) The Building Commissioner inspects after plumbing and wiring is installed, but before studding is covered.

13) Final sign-offs by the Wiring and Plumbing Inspectors needed when building is substantially completed.

14) Final Inspection by the Building Commissioner and issuance of a Certificate of Occupancy.

STATE AND LOCAL LAWS AND BYLAWS

The Town of West Stockbridge strictly enforces the provisions of the Massachusetts State Building Code, the Zoning Bylaws, the Sub-Division Control Law, Regulations of the Board of Health and Conservation Commission and other laws relative to the protection and safety of public health and safety. The applicant is responsible for adherence to all of the above and failure to adhere to these measures may result in the revocation of the building permit.

MASSACHUSETTS WETLANDS PROTECTION ACT

Any proposed alteration of land within 100 feet of most wetland or flood prone areas require that a Request for Determination of Applicabilty to the Conservation Commission. The Commission, at a Public Meeting will determine whether or not the proposed activity will impact the wetlands. If the Conservation Commission determines that the activity will not impact a wetland, the applicant may proceed under the terms of the building permit. If the Conservation Commission determines that the proposed activity will impact a wetland, the applicant shall be required to file a Notice of Intent and receive an Order of Conditions from the Conservation Commission. Any submission to the Conservation Commission must be filed prior to the commencement of work.

QUESTIONS

Questions regarding this application should be directed to the appropriate Inspector, Board, Officer or Commission. Please review to Contact List for appropriate contact information.

Town of West Stockbridge Building Permit Contact Information
Ph. 413.232.0300 Fax 413.232.7195
21 State Line Road West Stockbridge, MA 01266

Administrative Assistant: Ext. 319	Mark Webber Hours: Mon.-Fri.. 9am-4pm
Town Clerk: Ext. 300	Tina Skorput Cooper Hours: M. T. Th. F. 8am-3pm
Office of the Building Commissioner Ext 313	Don Fitzgerald Hours: Tues. 4pm-7pm
Board of Health Agent: Ext. 314	John Olander Hours: Fridays 9am-4pm
Conservation Commission Ext. 338 Meetings: 1st. Thursday 7pm	Ed Denham Co-Chair John Masiero Co-Chair
Board of Assessors Ext. 303 Hours: Tues. 5pm-7pm Wed. Thurs 9:30am-12:30pm	Jennifer Wilton Chair Amy Butterworth, Clerk Ann M. Kinne
Town Collector: Ext. 302	June Biggs Hours: Wed. 4pm-6pm Thurs-Sat. 10am-2pm
Highway Department Ph. 413.232.0305 Fax 413.232.0323	Curt Wilton Highway Superintendant Hours: Mon-Fri. 7am-3pm
Fire Chief Ph. 413.232. 7853 Fax 413.232.4127	Peter A. Skorput
Inspectors (by appointment only)	
Plumbing 413.232.4397	Peter Negrini
Wiring 413.232.0244	Karl G. Cooper
Gas 413.644.8988	Robert Gennari
Oil Burner 413.232.4637	Larry Morse
Fire Alarm/Smoke Detector 413.232.0132	Ron Race

The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

FOR MUNICIPALITY USE
Revised January 1, 2008

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____ _____
Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

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 OWNERSHIP[1]

2.1 Owner[1] of Record:
_____ _____
Name (Print) Address for Service:
_____ _____
Signature Telephone

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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 Work[2]:_____
_____
_____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Fire Suppression)	$
6. **Total Project Cost:**	$

Official Use Only

1. Building Permit Fee: $_____ Indicate how fee is determined:
☐ Standard City/Town Application Fee
☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
2. Other Fees: $_____
List:_____
_____
Total All Fees: $_____
Check No. _____ Check Amount: _____ Cash Amount:_____
☐ Paid in Full ☐ Outstanding Balance Due:_____

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder

Address

Signature

Telephone

License Number Expiration Date

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Signature Telephone

Registration Number

Expiration Date

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.

Signature of Owner Date

SECTION 7b: OWNER[1] OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name

Signature of Owner or Authorized Agent Date
(Signed under the pains and penalties of perjury)

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floors 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"

Construction Checklist

Single- & Two Family Dwellings

If required by the building official, this form shall be submitted at the completion of the work, prior to the issuance of a certificate of occupancy or completion, by the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable, the municipal and/or state building official in verification that, to the best of his/her knowledge, the work has been executed in accordance with the provisions of the applicable state building code (code) and reference standards. The date shall indicate the date on which the responsible party viewed the building activity to ensure compliance with the code and/or reference standards. This date may or may not correspond to the date on which the activity was inspected for compliance by the municipal and/or state building official.

	Activity	Date	Note any deficiencies that were discovered (if any) and corrective action taken to ensure compliance with the code and/or reference standards
Foundation			
a.	Location/excavation[1]		
b.	Preparation of bearing soil		
c.	Placement of forms/reinforcing		
d.	Placement of Concrete		
e.	Setting weather protection methods		
f.	Installation of water/dampproofing		
g.	Placement of backfill		
Structural Frame[2]			
a.	Floor		
b.	Walls		
c.	Roof/ceilings		
d.	Masonry or other structural system		
Energy Conservation			
a.	Insulation/vapor and air infiltration barriers		
b.	NFRC rated window		
c.	HVAC equipment with proper efficiencies		
Fire Protection			
a.	Smoke		
b.	Heat		
c.	Carbon Monoxide		
d.	Other		
Special Construction			
a.	Chimneys		
b.	Retaining Walls		
c.	Other[3]		

1. If encountered in excavating for foundation placement, the responsible party shall report the presence of groundwater to the building official and shall submit a report detailing methods of remediation.
2. Frame shall include the installation of all joists, trusses and other structural members and sheathing materials to verify size, species and grad, spacing and attachment methods. The responsible party shall ensure that any cutting or notching of structural members is performed in accordance with the requirements of this code.
3. The building official may require the responsible party to be present on site at other points during the construction, reconstruction, alteration, removal or demolition work as he/she deems appropriate.

NOTES

In signing this form. the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable attests to the fact that, to the best of his/her knowledge, the work as described on the referenced permit number and associated plans and specifications has been executed in accordance with the provisions of the applicable state building code (code) and reference standards.

Name of Responsible Party	Signature of Responsible Party

Construction Supervisor License		Home Improvement Contractor Registration		Registered Professional Engineer		Registered Architect	
Number	Expiration Date	Number	Expiration Date	Number	Expiration Date	Number	Expiration Date

This form is submitted for the following project

Permit Number	Property Address

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigation
600 Washington Street
Boston, Mass. 02111
Worker's Compensation Insurance Affidavit

Applicant Information Please Print Legibly

Name: _____

Address: _____

City: _____ Telephone #: _____

☐ I am a homeowner performing all work myself.

☐ I am a sole proprietor and have no one working in any capacity.

☐ I am an employer providing workers' compensation for my employees working on this job.

Company Name: _____

Address: _____

City: _____ Telephone #: _____

Insurance Company: _____ Policy #: _____

☐ I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who the following workers' compensation policies.

Company Name: _____

Address: _____

City: _____ Telephone #: _____

Insurance Company: _____ Policy #: _____

Company Name: _____

Address: _____

City: _____ Telephone #: _____

Insurance Company: _____ Policy #: _____

ATTACH ADDITIONAL SHEET IF NECESSARY

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $100.00 a day against me. I understand that a copy of this statement may be forward to the Office of Investigation of the DIA for coverage verification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____ Phone # _____

Print Form

Official use only - do not write in this area - to be completed by City or Town Official

City or Town _____ Permit/License #: _____

☐ Check if immediate response is required.

Contact person: _____ Phone #: _____

☐ Building Permit Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other

INFORMATION AND INSTRUCTION

Massachusetts General Laws Chapter 152, Section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an employee is define as every person in the service of another under any contract of hire, express or implied, oral or written.

An employee is define as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representative of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more that three apartments and who residest herein,or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL Chapter 152, Section 25 also states that every state or local licensing agency shall without the issuance or renewal of a license or permit to operate a business or to construct buildings in the Commonwealth for any applicant who has not produced acceptance evidence of compliance with insurance coverage required. Additionally, neither the Commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this Chapter have been presented to the contracting authority.

Applicants

Please fill in the compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers along with certificate of insurance as all affidavits may be submitted to the Department of Industrial Accident for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be return to the City or Town that the application for thepermit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Town

Please be sure that the affidavit is completed and printed legibly. The department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigation has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavit may be returned to the Department by mail or fax unless other arrangements have been made.

The office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigation
600 Washington Street
Boston, Mass. 02111

Fax # (617) 727-7749
Phone # (617) 727-4900 Ext. 406

Site Plan Checklist
(for new homes, structures and certain additions)

NAME: _____

Applications for new homes with sanitary facilities and new driveways must be reviewed by all of the following Boards and/or Officers before obtaining a Building Permit. Smaller projects such as additions, decks and renovations may also need prior review by only the Conservation Commission, Board of Health, Zoning Enforcement Officer and the Town Collector. (to ensure that all local taxes, fees etc. due the Town have been paid) Please consult the Building Inspector, if you are unsure if all of the following sign-offs are required for your project.

BOARD/OFFICER	SIGNATURE/DATE	CONTACT
Town Collector	_____	June Biggs Ext. 302
Town Clerk	_____	Tina Skorput Cooper Ext. 300
Conservation Commission	_____	Conservation Office Ext. 338
Board of Health	_____	John Olander Ext. 314
Highway Department	_____	Curt Wilton 413.232.0305

By signing this application, the applicant acknowledges that he/she has read and fully understands it.

Owner/Contractor Signature_____ **Date**_____

Town of West Stockbridge

Zoning Enforcement Officer _____**Date**_____

Building Commissioner_____**Date**_____