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TOWN OF SUTTON
BUILDING DEPARTMENT

PLEASE SUBMIT THE FOLLOWING WITH YOUR
APPLICATION
RESIDENTIAL

ADDITIONS / GARAGES / NEW CONSTRUCTION

1. PLOT PLAN SHOWING STRUCTURES WITH PROPOSED SETBACKS, WELL AND SEPTIC LOCATION
2. DRIVEWAY BOND (NEW CONSTRUCTION)
3. 1 SET OF PRINTS TO INCLUDE FOUNDATION PLAN, FLOOR PLANS, ELEVATIONS AND CROSS SECTION.
4. RES-CHECK
5. COPY OF CONSTRUCTION SUPERVISOR'S LICENSE.
6. COPY OF HOME IMPROVEMENT REGISTRATION
7. PROOF OF INSURANCE
8. ALL ENGINEERED PRODUCTS MUST HAVE A STAMP FROM AN ARCHITECT OR ENGINEER OF RECORD. (EXAMPLES: WOODEN EYE JOISTS, TRUSSES, LVL'S, MICROLAMS AND STEEL BEAMS).

PLEASE NOTE:

APPLICATIONS FOR ADDITIONS MAY REQUIRE PRE-APPROVAL FROM THE BOARD OF HEALTH WHEN INVOLVING THE INCREASE IN LIVING AREA.
EXAMPLES: BEDROOMS, STUDIES AND OFFICES

DECKS / SHEDS / POOLS

1. PLOT PLAN SHOWING STRUCTURE WITH PROPOSED SETBACKS, WELL AND SEPTIC LOCATION
2. 1 SET OF PRINTS WITH DETAILS
3. COPY OF CONSTRUCTION SUPERVISOR'S LICENCE
4. COPY OF HOME IMPROVEMENT REGISTRATION
5. PROOF OF INSURANCE

RENOVATIONS / REMODELS

1. COPY OF CONTRACTOR'S LICENSE
2. COPY OF HOME IMPROVEMENT REGISTRATION
3. PLAN INDICATING WORK TO BE DONE



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
MUNICIPALIT
Y USE
*Revised January
1, 2008*

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 OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____

Address for Service: _____

Signature _____

Telephone _____

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____

CSL number _____

Address _____

Date of Expiration _____

Signature _____

Telephone _____

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Registration Number _____

ADDRESS _____

Expiration Date _____

SIGNATURE _____

Phone _____

SECTION 6 : PROPERTY OWNER MUST SIGN AUTHORIZATION FOR OWNER'S AGENT OR CONTRACTOR BEFORE APPLY FOR A BUILDING PERMIT

I, _____, as Owner of the subject property hereby
(PROPERTY OWNER PRINT)
authorize _____ to act on my behalf, in all matters relative to
(CONTRACTOR)
work authorized by this building permit application.

Signature of Owner

Date

An Owner who obtains a building owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program permit to do his/her own work, or an), 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

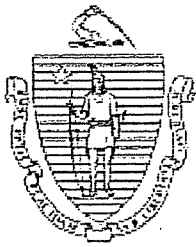
SECTION 7 : AUTHORIZED AGENT OR CONTRACTOR

I, _____, as Owner or Authorized
(PARTY WHOM IS DOING THE WORK)

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
(Signed under the pains and penalties of perjury)

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 #: _____

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am a 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 7. <input type="checkbox"/> Remodeling 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 or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> Other _____
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.]	
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		

*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 attached 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 #: _____