



Ron Laurin  
Building Inspector

**Town of Southamptton**  
**Building Department**  
210 College Highway, Southamptton, Mass. 01073  
(413) 529-1007  
[building@townofsouthamptton.org](mailto:building@townofsouthamptton.org)

---

**Procedure for Obtaining a Building Permit for:**  
*Roof, Siding, Windows, Masonry, Pool, Fences, Etc.*

---

- 1. **Building Permit Application** signed by legal owner and filled out by owner or authorized agent.
- 2. **Site Plan** showing existing structure(s) and new work, with measured setbacks from property lines, well, and septic locations (where applicable).
- 3. **Construction Debris Affidavit** filled out and signed by applicant.
- 4. **Worker's Compensation Insurance Affidavit** (filled out and signed by applicant).
- 5. **Contractors must supply a copy** of their CSL License, HIC License, and Insurance
- 6. **Energy Conservation Compliance** for new/replacement windows
- 7. **Home Owners License Exemption** (if applicable)
- 8. **Project Plans** (if applicable)
- 9. **Board of Health Sign-off** for properties with septic systems.

**NO WORK SHALL BE STARTED BEFORE A PERMIT IS ISSUED**



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:**

1.1a 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<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  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 <sup>3</sup> (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: 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

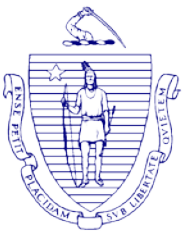
**NOTES:**

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)	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"



**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 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:**

- |  |  |
|--|--|
| <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> |
|--|--|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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 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 (check one):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



## Town of Southampton Building Department

210 College Highway, Southampton, Mass. 01073

(413) 529-1007

[building@townofsouthampton.org](mailto:building@townofsouthampton.org)

**Ron Laurin**  
Building Inspector

### SOLID WASTE DISPOSAL AFFIDAVIT

As a result of the provisions of MGL c. 40, § 54, I acknowledge that as a condition of the Building Permit issued to (address) \_\_\_\_\_, 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, c. 111, § 150A.

I certify that I will notify the Building Official by \_\_\_\_\_ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Permit Applicant (please print) Telephone Number

\_\_\_\_\_  
Signature of Permit Applicant

### **Acknowledgement**

Building Department By:

\_\_\_\_\_  
Company to Pick-up or facility where disposed

\_\_\_\_\_  
Address

\_\_\_\_\_  
**Ron Laurin**  
Building Inspector

\_\_\_\_\_  
Telephone Number



TOWN OF SOUTHAMPTON  
DEPARTMENT OF INSPECTION SERVICES  
Southampton, Massachusetts 01073

**HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT**

I, \_\_\_\_\_ (*insert full legal name*), born \_\_\_\_\_ (*insert month, day, year*), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:

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 home owner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)



**Ron Laurin**  
Building Inspector

# Town of Southamptn

Building Department

210 College Highway, Southamptn, Mass. 01073

(413) 529-1007

building@townofsouthamptn.org

## FEE SCHEDULE

Permit	Fee	Notes
<b>Residential</b>		
Living Space	\$ 0.50	per square foot, minimum \$50
Basement	\$ 0.35	per square foot, minimum \$50
Garage	\$ 0.35	per square foot, minimum \$50
Porch and Deck	\$ 0.35	per square foot, minimum \$50
Accessory-shed, carport, etc.	\$ 30.00	plus \$10/\$1000 of cost
Renovation-existing dwelling	\$ 40.00	plus \$10/\$1000 of cost
Roofing	\$ 40.00	plus \$10/\$1000 of cost
Siding, Windows, Insulation	\$ 40.00	plus \$10/\$1000 of cost
<b>Commerical</b>		
New	\$ 100.00	plus \$10/\$1000 of cost
Renovation	\$ 50.00	plus \$10/\$1000 of cost
Roofing	\$ 50.00	plus \$10/\$1000 of cost
Siding, Windows, Insulation	\$ 50.00	plus \$10/\$1000 of cost
<b>Demolition</b>		
Principal Structure	\$ 200.00	
Accessory Structure		
over 200 sq. ft.	\$ 100.00	
under 200 sq. ft.	\$ 50.00	
<b>Other</b>		
Fence	\$ 50.00	
<b>Swimming Pools</b>		
Above Ground	\$ 50.00	
Below Ground	\$ 100.00	
Solar	\$ 50.00	plus \$10/\$1000 of cost
Stoves and Chimneys	\$ 50.00	
Sheet Metal	\$ 50.00	
Signs	\$ 50.00	
<b>Trench Permits</b>		
Residential	\$ 75.00	
Commerical	\$ 150.00	
Temporary Tents/Construction Trailer	\$ 50.00	
2-5, same location	\$ 20.00	each
More than 6	\$ 15.00	each
Awnings and Canopies	\$ 75.00	
<b>Inspections</b>		
Annual, 304 & 110	\$ 75.00	
Certificate of Occupancy	\$ 75.00	
Temporary Certificate of Occupancy	\$ 40.00	

FEES DOUBLED IF CONSTRUCTION HAS STARTED WITHOUT PERMIT.

WHEN INSPECTION IS CALLED FOR AND THE INSPECTOR HAS TO RETURN AND VIEW CORRECTIVE MEASURES, A \$50 RE-INSPECTION FEE SHALL BE ASSESSED AND PAID PRIOR TO ANY OCCUPANCY AND BEFORE USE IS AUTHORIZED.

*EFFECTIVE JANUARY 1, 2015*