



Town of Southamptton Building Department

210 College Highway, Southamptton, Mass. 01073
(413) 529-1007

building@townofsouthamptton.org

Ron Laurin
Building Inspector

Procedure for Obtaining a Building Permit for: *One or Two Family House, Additions or Alterations*

- 1. **Sign off Sheet** complete with all signatures (For new construction and major renovation).
- 2. **Building permit application** filled out and signed by legal owner or agent.
- 3. **Three sets of plans** and specifications showing the proposed work.
- 4. **Site Plan** showing existing structure(s) and new work, with measured setbacks from property lines, well, and septic locations.
- 5. **Construction Debris Affidavit** filled out and signed by applicant.
- 6. **Worker's Compensation Insurance Affidavit** filled out and signed by the applicant
- 7. **Contractors must supply copy** of their CSL License, HIC License, and Insurance.
- 8. **Verification of payment of taxes** from Town Tax Collector.
- 9. **Note any Conservation Commission and/or Special Permit Issues.**
- 10. **Energy Conservation Compliance.**

STRUCTURES EXCEEDING 35,000 CUBIC FEET (in addition to the requirements above)

- 11. All plans for work in structures containing more than 35,000 cubic feet shall be properly stamped per **Section 107.1.1** and shall be required to meet the requirements of **Section 107.6 CONTROLLED CONSTRUCTION.**
- 12. All plans filed shall include the information specified in **Section 107.2.1.**
- 13. All excavators must obtain a Trench permit for public or private land.



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 OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

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 ³ (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: OWNER¹ 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 Information on the Construction Supervisor License can be found at 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 #: _____



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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

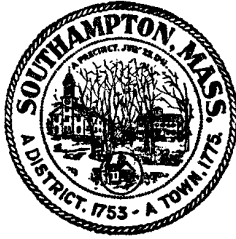
Building Department By:

Company to Pick-up or facility where disposed

Address

Telephone Number

Ron Laurin
Building Inspector



TOWN OF SOUTHAMPTON
DEPARTMENT OF INSPECTION SERVICES
Southampton, Massachusetts 01073

NAME _____ Tel# _____ Cell# _____

PROPERTY ADDRESS _____

RECEIVED ON: _____ / _____ / _____

Thank you for your desire to invest in the future of Southamptton. To assure that there are not any ordinance or zoning violations involved in your construction project, we ask that you have the following agencies that are checked off review your prints and sign this form. Once all required signatures have been obtained, please return to the Building Department for issuance of your Building Permit.

BOARD OF ASSESSORS _____ DATE _____
413-527-4741

HIGHWAY SUPERINTENDENT _____ DATE _____
413-527-3666

FIRE CHIEF _____ DATE _____
413-527-1700

TAX COLLECTOR _____ DATE _____
413-527-4920

BOARD OF HEALTH (septic) _____ DATE _____
413-529-1003

BOARD OF HEALTH (well) _____ DATE _____
413-529-1003

BOARD OF HEALTH (Portable Toilet) _____ DATE _____
413-529-1003

WATER DEPARTMENT _____ DATE _____
413-532-4249

PLANNING BOARD _____ DATE _____

Leave paperwork with Building Department who will leave it in the Planning Board mailbox.
IF LAND DISTURBANCE EXCEEDS 40,000 SQUARE FEET, A STORMWATER PERMIT IS REQUIRED. ENGINEER VERIFICATION TO BE NOTED ON PLANS.

CONSERVATION COMMISSION _____ DATE _____
Leave paperwork with Building Department who will leave it in the Conservation Commission mailbox

PLEASE HAVE ALL NECESSARY DOCUMENTATION WITH YOU WHEN YOU APPLY FOR SIGN-OFF.



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)



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FEE SCHEDULE

Permit	Fee	Notes
Residential		
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
Commerical		
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
Demolition		
Principal Structure	\$ 200.00	
Accessory Structure		
over 200 sq. ft.	\$ 100.00	
under 200 sq. ft.	\$ 50.00	
Other		
Fence	\$ 50.00	
Swimming Pools		
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	
Trench Permits		
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	
Inspections		
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

BOS Approved: 11/18/2014