Dear Department Head,

If you have any concerns regarding the attached Building Permit Application, please note those concerns or objections below. If there are none, please indicate your approval by signing and dating the Application where indicated below.

Proposed Project: ________________________________

Project Location: ________________________________

Property Owner: ________________________________

I have reviewed the attached Building Permit Application, noted the following issues or concerns, and cited pertinent Massachusetts General Laws, Rules/Regulations, or Town of Millville Bylaws, whenever applicable.

________________________________________________________________________

Applicant must do the following:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Department Head, Board or Commission with noted concerns/objections.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

APPROVALS

TOWN PLANNER ________________________________ Date: __________

BOARD OF HEALTH ________________________________ Date: __________

CONSERVATION COMM. ________________________________ Date: __________

FIRE DEPARTMENT ________________________________ Date: __________

HIGHWAY SURVEYOR ________________________________ Date: __________

BOARD OF ASSESSORS ________________________________ Date: __________

TREASURER/COLLECTOR ________________________________ Date: __________
Building Commissioner

ALL SOLAR ARRAY APPLICANTS

Please familiarize yourself with 780 CMR 51 Massachusetts Residential Code Chapter 1 Part 2 sections 105-110. In an effort to expedite YOUR permitting process any solar array building permit application submission will need to include the following to be accepted as a complete application.

1) Accurate field measurements of the building/structure the array will be positioned on as well as a brief description of the building/structure.
2) Photographs of the roof frame structure that are clear and show the following
   A) Size of rafters.
   B) Spacing of rafters.
   C) Lumber stamp where possible.
   D) Sheathing thickness.
   E) Length or span of rafters.
   F) Pitch of roof plane.
   G) Location and frequency of collar ties.
   H) Fastening of rafters at ridge and top plate.
   I) If knee walls are used to support roof frame mid span then proof of support beneath the knee walls.
   J) Truss manufacturers stamp where applicable.
   K) Any other information that would enable a qualified individual to evaluate the structure for suitability to support solar array.
   L) This information needs to be submitted for each roof plane intended for an array. Photographs should be labeled for location so as to easily discern what is being shown. Any engineering report needs to include this information or your permit application will be rejected. Please call my office if you have any questions or unique situations that make compliance with this list impossible.

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

**TOWN of MILLVILLE**

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)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
</tbody>
</table>

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**

2.1 Owner of Record: NOTE: All corporations, LLC, Realty Trusts and other business entities must provide the name, address, phone number, and date of birth of all principals. If necessary use additional page.

Name (Print) ____________________________ City, State, ZIP ____________________________

No. and Street ____________________________ Telephone ________ Email Address ____________________________

**SECTION 3: DESCRIPTION OF PROPOSED WORK** (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: ____________________________________________________________

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
</tr>
<tr>
<td>6. Total Project Cost</td>
<td>$</td>
</tr>
</tbody>
</table>

Official Use Only

1. Building Permit Fee: $ ______ Indicate how fee is determined:

□ Standard City/Town Application Fee
□ Total Project Cost$ (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 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone       Email address

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP           Telephone

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.

Owners 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.

Owner/Agent Signature          Date

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)
   Gross living area (sq. ft.)       Habitable room count
   Number of fireplaces
   Number of bathrooms
   Type of heating system
   Type of cooling system
   Number of bedrooms
   Number of half/baths
   Number of decks/ porches
   Enclosed          Open

3. “Total Project Square Footage” may be substituted for “Total Project Cost”
HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

MGL c.142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any pre-existing, owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building, must be done by a registered contractor, with certain exceptions, along with other requirements.

Type of Work: ____________________________

Estimated Cost: _________________________

Address of Work: _______________________

Owner Name: __________________________

I hereby certify that Contractor Registration is not required for the following reason(s):

_____ Work excluded by law
_____ Job under $1,000
_____ Building not owner-occupied
_____ Owner pulling own permit
_____ Other (specify) ____________________

NOTICE IS HEREBY GIVEN THAT:

Owners pulling their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund available under MGL c.142A.

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date ____________________ Contractor Name ____________________ Registration No. ____________________

Notwithstanding the above notice, I hereby apply for the permit as the owner of the property:

Date ____________________ Owner Name ____________________
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia

Workers’ Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Name (Business/Organization/Individual): _________________________________

Address: ____________________________________________________________

City/State/Zip: ________________________________________ Phone #: _________

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
<th>Type of project (required):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. □ I am a employer with _______ employees (full and/or part-time).*</td>
<td>6. □ New construction</td>
</tr>
<tr>
<td>2. □ I am a sole proprietor or partnership and have no employees</td>
<td>7. □ Remodeling</td>
</tr>
<tr>
<td>working for me in any capacity. [No workers’ comp. insurance</td>
<td>8. □ Demolition</td>
</tr>
<tr>
<td>required.]</td>
<td>9. □ Building addition</td>
</tr>
<tr>
<td>3. □ I am a homeowner doing all work myself. [No workers’ comp.</td>
<td>10. □ Electrical repairs or additions</td>
</tr>
<tr>
<td>insurance required.]</td>
<td>11. □ Plumbing repairs or additions</td>
</tr>
<tr>
<td></td>
<td>12. □ Roof repairs</td>
</tr>
<tr>
<td></td>
<td>13. □ Other</td>
</tr>
</tbody>
</table>

*Any applicant that checks box #1 must also fill out the section below showing their workers’ compensation policy information.

1 Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

2 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):

Contact Person: ______________________ Phone #: ________________________
DEBRIS DISPOSAL AFFIDAVIT

As a result of the provisions of MGL c.40, s.54, I acknowledge that as a condition of this Building Permit all debris resulting from the construction activity and work governed by the Building Permit shall be disposed of at a properly licensed solid waste disposal facility as defined by MGL c.111, s.150A.

THE DEBRIS WILL BE DISPOSED OF:

IN: ____________________________
   {Location of Facility/Job Site}

BY: ____________________________
    {Dumpster Contractor/Disposal Company Name}

Signature of Applicant/Contractor

Date