



Town of Millis
900 Main Street
Millis, MA 02054

Massachusetts State Building Code (780 CMR)
Building Permit Application to Construct, Repair, Renovate or Demolish

Requirements for Building Permit Applications

The Massachusetts Department of Public Safety has issued building permit application forms so that municipalities across the state can move towards the use of a single permit form and a consistent permit application process. The Town of Millis uses a modified version and Mass State Building Code specifies the requirements for building permit applications. The applicant's responsibility is to provide the required information so that the review process can commence, by statute the Building Commissioner has 30 days to approve or deny an application once it is stamped in as accepted.

Filing Instructions, Effective June 1, 2016

1. Print the application, fill out completely and then submit to the Town of Millis Building Department.
 2. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application. A field card will be issued if the application is approved and required to remain on jobsite until all required inspections are conducted and approved.
 3. The permit fee is calculated using the information to be supplied in section 4 of the Building Permit Application; the Building Commissioner makes the final determination on the fee based on the fee schedule in effect on **May 15, 2015**. A check is to be made payable to the Town of Millis with the application.
 4. The Town of Millis requires submittal of a certified plot plan, 780 CMR 107.2.5, prepared by a registered Massachusetts Land Surveyor or Civil Engineer for: New construction; any project with vertical or horizontal additions; and any new or replacement deck/ stairs/ porches even if structure size will be reduced in the instance of replacement.
 5. Applicant must provide a Certificate of Worker's Compensation listing Town of Millis as certificate holder.
(This must only be provided once prior to expiration of certificate.)
 6. **Homeowner Applications:** (as defined by 780 CMR 110.R5) performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 110.R5, provided that if a homeowner engages a person(s) for hire to do such work, then such homeowner shall act as supervisor. Homeowner must fill out Section 5 on application.
- Note:** Any Licensed Construction Supervisor who contracts to do work for a homeowner shall be responsible for performing said work in accordance with 780 CMR and manufacturer's recommendations, as applicable, whether or not the licensed contractor secured the permit for said work.
7. **Upon issuance of Building Permit, it is the responsibility of the Permit holder to schedule all required inspections, and to apply for and obtain a Certificate of Occupancy (if applicable) upon completion of the project and prior to occupying or continuing to occupy the structure.**

I have read and understand the above instructions
Signature

Print Name

BUILDING PERMIT APPLICATION CHECKLIST

(Application will **NOT** be accepted unless all applicable information is provided)

- Completed Building Permit Application-** completely filled out
- Plot Plan-** showing location of structure on lot, purposed and existing, distances to lot lines (front, sides, rear) lot dimensions, water & sewer locations and wetlands, area of disturbance, accurately drawn and stamped by an engineer- *if applicable*, As build plan is **REQUIRED** prior to frame inspection.
- 1 Copy of Construction Supervisors License and/or Home Improvement Contractor License** -if applying under Homeowner Exemption Law fill out attached form.
- Septic** (Board of Health Approval) or **Sewer Permit** (DPW)- *if applicable*
- Well** (Board of Health Approval) or **Water Permit** (DPW)- *if applicable*
- Curb Cut-** (DPW)- *if applicable*
- Energy Code Compliance Worksheets to meet IECC requirements** - *if applicable*
- Construction Plans Drawn to Scale 2 Sets** – (floor plans, typical cross section, framing plans, elevations, foundation plan, window & door sizes, sizing spacing fastening, and chimney detail.) **Note:** Massachusetts Registered Professional Engineer Stamp **REQUIRED** for all floor, roof trusses, LVL's, steel or any other engineered lumber.
- Attached Tax Collector Form - Attached Workers Comp Form - Attached Debris Form** – filled out and signed.
- Stormwater Management & Land Disturbance Permit** – Applies to **all** activities that result in disturbance of one or more acres of land. (note: permit is issued by Board of Selectman and no permit needed if a Order of Conditions has been obtained by the Conservation Commission)
- Special Permit, Variance & Conservation Approval(s)** - *if applicable*, Recorded at the Registry of Deeds

Note: A separate Electrical, Plumbing, and/or Gas permit may be required for each type of work. These permits are not included in a building permit. Building permit applications will be reviewed and acted on in a timely manor, within (30) days, incomplete or insufficient information will delay the review process. Subdivision building permits will not be accepted until the Planning Board has issued lot releases.

Fire Department permits and inspections may be required for certain construction projects, see Fire Department for requirements.

ANY QUESTIONS CALL THE BUILDING INSPECTOR BEFORE YOU SUBMIT YOUR APPLICATION !!!!!!!!! 508-376-7044X 1



Town of Millis

Massachusetts State Building Code, 780 CMR

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

FOR
MUNICIPALITY
USE
Revised April 2012

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 <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Construction Type: _____	Use: _____	

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	PERMIT # _____ FEE: _____ Check No. _____ Cash Receipt No. _____ <input type="checkbox"/> Paid in Full CID # _____ Application # _____ Building Insp. Approval: Date: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 General Contractor Information

Name of General Contractor (Or homeowner if owner applying)

Name of CSL Holder (if applicable)

No. and Street

City/Town, State, ZIP

Telephone _____ (signature)

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 _____ 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 & Signature 780 CMR R105.3 (6.) _____ Date _____

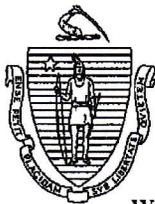
NOTES:

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" _____



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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.</p> <p>5. <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>6. <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>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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*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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
Contact Person: _____	Phone #: _____

TOWN OF MILLIS
BUILDING DEPARTMENT
900 Main Street
Room 129
Millis, Massachusetts 02054

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit 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, S 150A.

THE DEBRIS WILL BE DISPOSED OF IN:

(Location of Facility)

OR

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.

ADDRESS OF WORK LOCATION:

Signature of Applicant: _____ Date: _____



TOWN OF MILLIS

Millis Building Department
Building Commissioner
Michael A. Giampietro, C.B.O.
900 Main Street
Millis, Mass. 02054
mgiampietro@millis.net

1-508-376-7044

DEPARTMENT SIGN OFF SHEET FOR
NEW CONSTRUCTION and ADDITIONS

ALL NEW CONSTRUCTION OR ADDITION TO AN EXISTING STRUCTURE
WILL REQUIRE THAT THE CONSERVATION COMMISSION, BOARD OF
HEALTH, FIRE CHIEF and DPW TO SIGN THIS FORM PRIOR TO THE
REVIEW OF A BUILDING PERMIT APPLICATION (*may not be required in some
cases, check with the Building Commissioner*)

Project Location:

Street Address _____

Parcel Number _____

I certify that I have received the building permit application and plans attached.

Fire Chief _____ **Date:** _____
508-376-5112

Board of Health _____ **Date:** _____
508-376-7043

DPW _____ **Date:** _____
508-376-5424

Conservation Commission _____ **Date:** _____
508-376-7045