

# WARNING!

## ***ATTENTION BUILDERS & HOMEOWNERS***

**It is illegal to:**

*Cut trees, limbs or brush within 100 feet of a wetland or pond, or within 200 feet of a stream.*

**It is illegal to:**

*Fill, excavate or alter the land, water levels or vegetation in wetlands, streams or ponds.*

Regardless of ownership

Without first contacting the Conservation Commission 508-696-6404

## **RECYCLING INVITATION**

### **TO CONTRACTORS/OWNERS APPLYING FOR A BUILDING PERMIT:**

If your building project results in the generation of excess or discarded materials, please contact Habitat for Humanity of Martha's Vineyard at 693-7741. Habitat needs doors, windows, plumbing and lighting fixtures, cabinets, etc. for its affordable housing projects. Materials should be in good condition, and suitable for re-use

(Note that recycling benefits both recipient and donor. Contractors/owners will avoid paying for disposal of the recycled "waste" materials.)

# Town of West Tisbury

## Building Permit Fees

Dwellings/Guest Houses up to 1500 sq. ft.	\$350
Dwellings over 1500 sq. ft.	\$350 base price plus .20 (cents) per sq. ft. for area over 1500 sq. ft.
Residential Additions up to 1000 sq. ft.	\$200
Residential Additions over 1000 sq. ft.	\$200 base price plus .20 (cents) per sq. ft. for area over 1000 sq. ft.
Residential Alterations within existing footprint	\$150
Barn/Studio/Garage with unfinished interior	\$125
Barn/Studio/Garage with finished interior	\$125 base price plus .20 (cents) per sq. ft. of finished area
Shed	\$25
Deck-simple less than 100 sq. ft.	\$50
Wood Stove	\$75
Swimming Pool	\$75
Commercial Building	\$500
Commercial Additions	\$300
Commercial Accessory Structure < 120 sq. ft.	\$100
Smoke Detector Inspection	\$50
Smoke detector inspection fees are included in the fees for Dwellings and Guest Houses above.	

## Other Permit Fees

Electric Permit	\$30 plus \$50 for each inspection
Plumbing Permit	\$30 plus \$50 for each inspection
Gas Permit	\$30 plus \$50 for each inspection
There is a separate Fire Department Permit required for propane tanks.	

## Please Note

**Re-inspections after a failed or incomplete inspection are an additional \$50 each.**

**Properties not adequately marked (Map/Lot) may fail inspections.**

**A \$50 re-inspection fee will then be due.**

Revised 10/06/2006



Checklist:

1. Is the proposed building within a District of Critical Planning Concern (DCPC) ?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is the proposed building within 100 feet of a Wetland?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is the proposed building within the Historic District?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is the proposed building a Development of Regional Impact?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is the Proposed building a Single Family Residence larger than 3000 square feet?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are the property bounds set?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Also Required;

- \_\_\_\_\_ Completed Permit Application, with Site Plan.
- \_\_\_\_\_ Two sets of building plans.
- \_\_\_\_\_ Assessors form, Blue, three pages.
- \_\_\_\_\_ Clearance from the Board of Health, may require an approved septic plan.
- \_\_\_\_\_ Appendix "J", Energy conservation compliance.
- \_\_\_\_\_ Workers' Compensation Insurance Affidavit.

Owner authorization; To be completed when owner's agent or contractor applies for the 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.

Signature of owner \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Owner / Authorized Agent Declaration.

I. \_\_\_\_\_, As Owner / Authorized Agent, hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

Signature of Owner / Agent \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# PLOT PLAN

FOR LOT # \_\_\_\_\_

Indicate location of garage or accessory building

Additions with dashed lines -----

Sewerage disposal (cesspool) ⊕

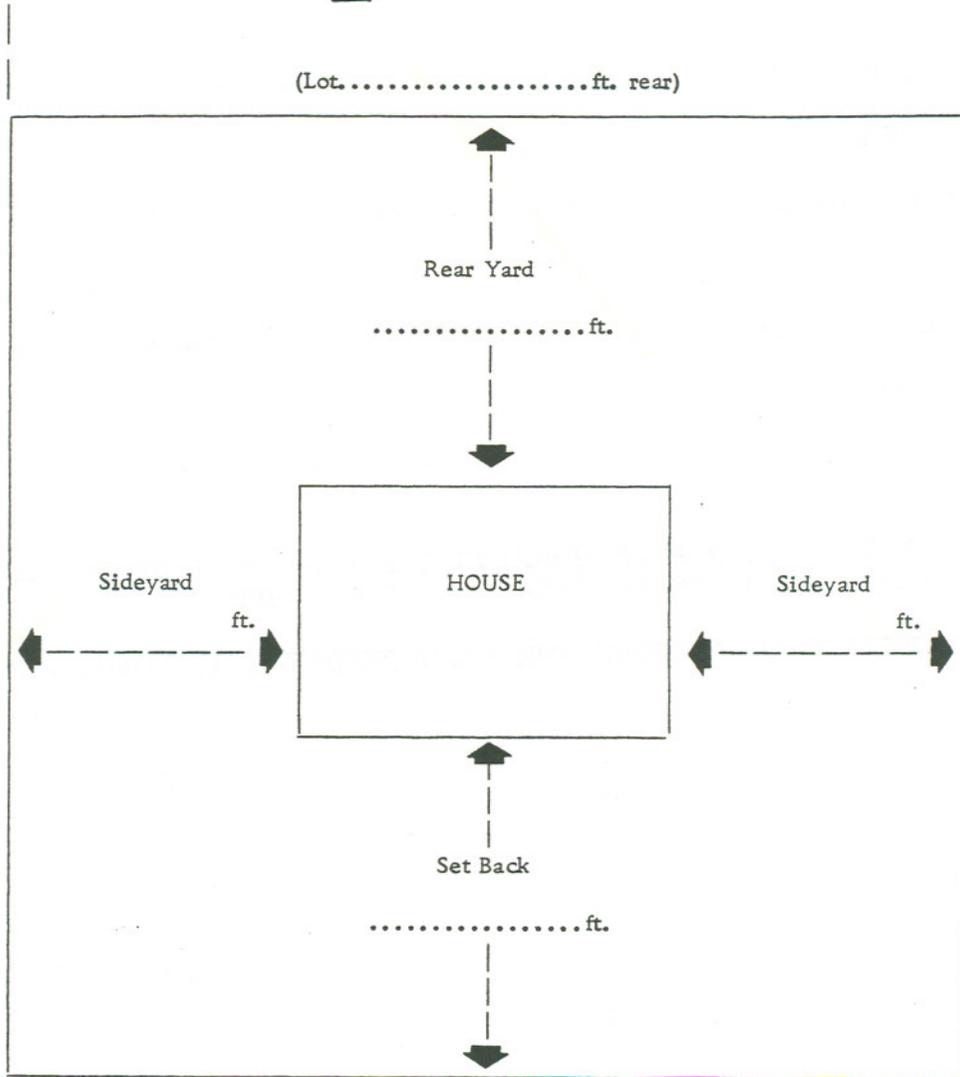
Well ☒

Abuttor's  
Name

Lot #

If this is a  
corner lot,  
write in  
name of  
other street.

(Lot.....ft. deep)



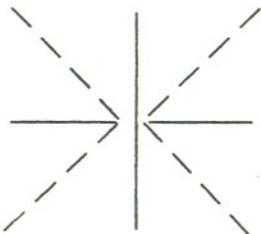
Abuttor's  
Name

Lot #

If this is a  
corner lot,  
write in  
name of  
other street.

(Lot.....ft. deep)

(Lot.....ft. frontage)



Mark North Point

-----  
(Name of street)

Information  
Supplied by \_\_\_\_\_

**ENERGY CONSERVATION APPLICATION FORM FOR  
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS**

780 CMR Appendix J

Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Use Group: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_

Compliance Path (check one):

**Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)**

Package (A through KK from Table J5.2.1b): \_\_\_\_\_ Heating Degree Days (HDD<sub>65</sub>) from Table J5.2.1a: \_\_\_\_\_

(For items d. through i., fill in all values that apply from Table J5.2.1b:)

a. Gross Wall Area _____ sq.ft.	f. Wall R-value R-_____
b. Glazing Area <sup>1</sup> _____ sq.ft.	g. Floor R-value R-_____
c. Glazing % (100 x b ÷ a) _____ %	h. Basement wall R-_____
d. Glazing U-value U-_____	i. Slab Perimeter R-_____
e. Ceiling R-value R-_____	j. Heating AFUE _____

**Component Performance: "Manual Trade-Off" (Limited to wood or metal framed buildings only)**

Climate Zone (from Figure J6.2.2)  Zone 12  Zone 13  Zone 14

Attach *Trade-Off Worksheet* from Appendix J, [and *HVAC Trade-Off Worksheet*, if applicable]

**REScheck, Version 3.7, release 1b or later**

Attach *Compliance Report* and *Inspection Checklist* printouts

**Home Energy Rating System Evaluation**

Attach Home Energy Rating Certificate (HERS rating score must be 83 or higher)

**Systems Analysis** OR  **Renewable Energy Sources**

Attach Mass Registered Architect or Engineer Analysis

**ALTERNATIVE FOR ADDITIONS ONLY:**

a. Gross Wall + Ceiling Area \_\_\_\_\_ sq.ft. b. Glazing Area<sup>1</sup> \_\_\_\_\_ sq.ft. c. Glazing % (100 x b ÷ a) \_\_\_\_\_ %

**ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1.1.2.3.1 below:**

MAXIMUM U-value	MINIMUM R-Values				
	Ceiling <sup>3</sup>	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39 <sup>2</sup>	R-37	R-13	R-19	R-10	R-10, 4 ft

- 1 Glazing Area may be either Rough Opening or Unit dimensions.
- 2 Based on NFRC listing. Applies either to every unit, or to area-weighted average of all units.
- 3 R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e.- not compressed over exterior walls, and including any access openings.)

**"SUNROOM" addition (greater than 40% glazing-to-wall and ceiling gross area)**

Attach "Consumer Information Form" from 780 CMR Appendix B.

Official's Name: \_\_\_\_\_

Official's Signature: \_\_\_\_\_

Application Approved  Denied

Date of Approval/Denial: \_\_\_\_\_

Reason(s) for Denial: (provide additional details as needed on back side)

# WORKERS' COMPENSATION INSURANCE AFFIDAVIT: BUILDERS /CONTRACTORS /ELECTICIANS /PLUMBERS

## INFORMATION AND INSTRUCTIONS (form on next page)

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

---

### Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

### City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

---

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



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:**

- |  |   |
|--|---|
| <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 (circle 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 WEST TISBURY  
BUILDING CONSTRUCTION DATA

BLDG. PMT. # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

ASSRS MAP&LOT# \_\_\_\_\_

APPL. DATE \_\_\_\_\_ PROPERTY OWNER \_\_\_\_\_

PREV. OWNER IF PURCHASED WITHIN 3 MO. OF APPL. DATE \_\_\_\_\_

\*\*\*\*\*

APPLICATION FOR:

NEW: dwelling\_\_\_ sub-dwelling\_\_\_ garage\_\_\_ barn\_\_\_ shed\_\_\_ commercial bldg.\_\_\_\_  
other \_\_\_\_\_

ADDIT./RENOVATION: dwelling\_\_\_ sub-dwell.\_\_\_\_ garage\_\_\_ barn\_\_\_ shed\_\_\_ commercial bldg.\_\_\_\_  
other \_\_\_\_\_

ESTIMATED CONSTRUCTION COST \_\_\_\_\_

\*\*\*\*\*

BUILDING STYLE

cape\_\_\_ saltbox\_\_\_ colonial\_\_\_ gambrel\_\_\_ ranch\_\_\_ raised ranch\_\_\_ modern\_\_\_  
split level\_\_\_ bungalow\_\_\_ conventional\_\_\_ duplex\_\_\_ camp/cabin\_\_\_ other: \_\_\_\_\_

pool (**give type & size**): vinyl inground\_\_\_ gunite\_\_\_ concrete\_\_\_ vinyl above ground\_\_\_  
size \_\_\_\_\_ ? heated: Yes\_\_\_ No\_\_\_

tennis court (**give type & size**): asphalt\_\_\_ other: \_\_\_\_\_ size \_\_\_\_\_

\*\*\*\*\*

STRUCTURAL DATA

Foundation Type: basement\_\_\_ crawl space\_\_\_ slab\_\_\_ piers\_\_\_ other \_\_\_\_\_

Foundation Material: poured concrete\_\_\_ concrete block\_\_\_ other \_\_\_\_\_

Exterior Walls:

single siding\_\_\_ board & batten\_\_\_ asbestos shingle\_\_\_ wood shingle\_\_\_ logs\_\_\_ clapboard\_\_\_  
vertical cedar\_\_\_ prefab panel (T-111)\_\_\_ concrete block\_\_\_ stucco\_\_\_ asphalt siding\_\_\_  
brick veneer on wood\_\_\_ brick on masonry\_\_\_ stone on masonry\_\_\_ vinyl siding\_\_\_ alum. siding\_\_\_  
other (describe) \_\_\_\_\_

Roof Style:

flat\_\_\_ shed\_\_\_ gable/hip\_\_\_ saltbox\_\_\_ gambrel\_\_\_ mansard\_\_\_  
irregular (not same rise per foot throughout)\_\_\_ other \_\_\_\_\_

Roof Cover:

asphalt shingles\_\_\_ wood shingles\_\_\_ asbestos shingles (rigid)\_\_\_ clay/spanish tile\_\_\_ slate\_\_\_  
rolled composition\_\_\_ corrugated metal\_\_\_ corrugated asbestos\_\_\_ other \_\_\_\_\_

Interior Walls:

minimum/no finish\_\_ masonry\_\_ plaster on lath\_\_ sheetrock/drywall\_\_  
plywood panel\_\_ custom wood panel\_\_  
other (describe)\_\_\_\_\_

Floor Coverings:

finished concrete\_\_ vinyl sheet\_\_ vinyl tile\_\_ ceramic tile\_\_ plywood\_\_ pine/softwood\_\_  
hardwood\_\_ parquet\_\_ wall-to-wall carpet\_\_ slate\_\_ marble\_\_  
other (describe)\_\_\_\_\_

Heating System:

Fuel: wood/coal\_\_ kero\_\_ oil\_\_ propane\_\_ electric\_\_ solar\_\_ other\_\_\_\_\_  
Type: wood/coal stove\_\_ kero/gas stove\_\_ forced air/non-ducted\_\_ forced air/ducted\_\_  
hot water baseboard\_\_ electric baseboard\_\_ radiant elec. panel\_\_  
other (describe)\_\_\_\_\_

Air Conditioning: none\_\_ heat pump\_\_ central\_\_ wall units\_\_

**OTHER DATA (PLEASE FILL IN FOR COMPLETED NEW BUILDING. IF PERMIT IS FOR AN ADDITION/RENOVATION, PLEASE FILL IN FOR BUILDING AFTER ADDITION/RENOVATION.)**

# of bedrooms\_\_\_\_ # of baths\_\_\_\_ total # rooms in bldg.\_\_\_\_\_  
# of stories\_\_\_\_ # of fireplaces\_\_\_\_ # chimneys\_\_\_\_ #flue for woodstove\_\_\_\_  
heating system: fuel\_\_\_\_\_ type\_\_\_\_\_  
aprox. # sq. ft. living area per floor\_\_\_\_\_  
? finished area in basement (size)\_\_\_\_\_  
? finished area in attic (size)\_\_\_\_\_  
? attached garage\_\_\_\_ ? other significant features\_\_\_\_\_  
actual year built of original house (for permits for additions/renovations)\_\_\_\_\_

#####  
**COMMERCIAL BUILDINGS ONLY - ADDITIONAL DATA**

Heating/Air Conditioning: packaged\_\_ split\_\_ none\_\_

Structural Frame: none\_\_ wood\_\_ masonry\_\_ steel\_\_ fireproof steel\_\_ reinforced concrete\_\_  
other (describe)\_\_\_\_\_

Ceilings & Walls:

suspended\_\_ not suspended\_\_\_\_  
ceiling only finished\_\_ ceiling with minimum wall\_\_ ceiling & wall finished\_\_

Other Data:

# rooms per floor\_\_\_\_ % of common wall\_\_\_\_ wall height\_\_\_\_ total # restrooms\_\_\_\_

If residential units (such as apartment building or motel):

# baths per unit\_\_\_\_ # bedrooms per unit\_\_\_\_ # units\_\_\_\_\_

**BUILDING PLAN/SKETCH** - Must be completed for ALL buildings. Show room layout and outside dimensions of building for each floor, including basement and attic. For an addition, please show footprint and room layout for entire structure, as completed.

