Town of West Tisbury

Procedure / Checklist for obtaining a Building Permit

Please Note: The Eighth edition of the building Code, with Massachusetts Amendments, is now in effect and requires the following with your permit application:

___1. A Plot Plan prepared by a Massachusetts licensed Engineer or Surveyor showing the boundary markers and the location of all structures, existing and proposed, with distances to property lines shown.
___2. Foundation plan and details (as necessary) (2 copies)
___3. Floor plans (including basement and attic levels, if applicable); floor plans shall include the location of all required fire protection systems and heating systems storage areas. (2 copies)
___4. Exterior building elevations (2 copies)
___5. Framing plans and/or building section(s) adequately depicting structural systems (2 copies)
___6. Schedules, legends and/or details adequately depicting doors, windows and related material installations
___7. Energy conservation information. (Chapter 11)

Also required:
___A workers compensation insurance affidavit and a) a copy of the policy's declaration page showing the policy number and expiration date or b) a certificate of insurance.
___A completed assessor's form (three pages) with the required plan/sketch. (A third set of plans may be substituted for the plan/sketch)

Please answer the following Questions:
Yes___No___ Has the Board of Health approved your plans? Required for any construction with new or increased septic flow. Consult the Board of Health for submission requirements. (696-0105)
Yes___No___ Is the property within the Historic District? If so consult the Historic District Commission (Sean Conley, Chairman. 693-6677)
Yes___No___ Is the building a single family residence larger than 3000 sq.ft.? If so your plans will be referred to the Planning Board for Review (696-0149)
Yes___No___ Is the property within a District of Critical Planning Concern (DCPC)?
Yes___No___ Is the proposed building a Development of Regional Impact (DRI)?
Yes___No___ Are the property bounds set (Required)
Yes___ No___ Is the building within 100 feet of a wetland or 200 feet of a stream or brook? If so consult the Conservation Commission (696-6404). **Be advised,** ***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 also 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 for pre-approval.***

Please Note!

Your property may be subject to **M.E.S.A.** (Massachusetts Endangered Species Act) regulations, if so you will need to apply to the Division of Fisheries and Wildlife (508-792-7270) Maps are viewable on-line at www.nhsep.org or at the Building Department to assist you in this determination.

Your Map & Lot number and /or Street Address must be posted at the entrance to your property.

The Building Permit must be posted on site at all times.

After a permit is issued, work must start within six months. A completed and inspected foundation is considered a start. If the permitted work is not started within six months the permit will expire.

Separate Electric, Plumbing and Gas permits are required and applications are available at the Town Hall Annex, and must be obtained by the licensed professional before work is begun.
Electric, Plumbing and Gas inspections are scheduled through the Building Department (696-0103)
Smoke and CO detectors must be code compliant and inspected by the Fire Chief. (693-3287)

Certificate of Occupancy / Use : Before a building is occupied or used, a Certificate of Occupancy/Use **must** be obtained. All required final inspections must have been performed, and the inspectors must have signed the Building Permit Card before the Certificate of Occupancy/Use will be issued.

Contact the Inspector of Buildings with any Questions at 508-696-0113 or at *inspect@westtisbury-ma.gov*

These forms are available on line at *http://www.westtisbury-ma.gov/*

.

Any unanswered questions or missing items will delay the processing of your application.

I have read and understand the information provided on these forms and attest that the answers provided are true and correct to the best of my knowledge.

Signed _____ Date___/___/_____

Please return this signed form with your application.

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[1]

2.1 Owner[1] of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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[2]:_____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Fire Suppression)	$
6. **Total Project Cost:**	$

Official Use Only

1. Building Permit Fee: $_____ Indicate how fee is determined:
☐ Standard City/Town Application Fee
☐ Total Project Cost[3] (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

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[1] 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)

Gross living area (sq. ft.) _____ Habitable room count _____

Number of fireplaces_____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

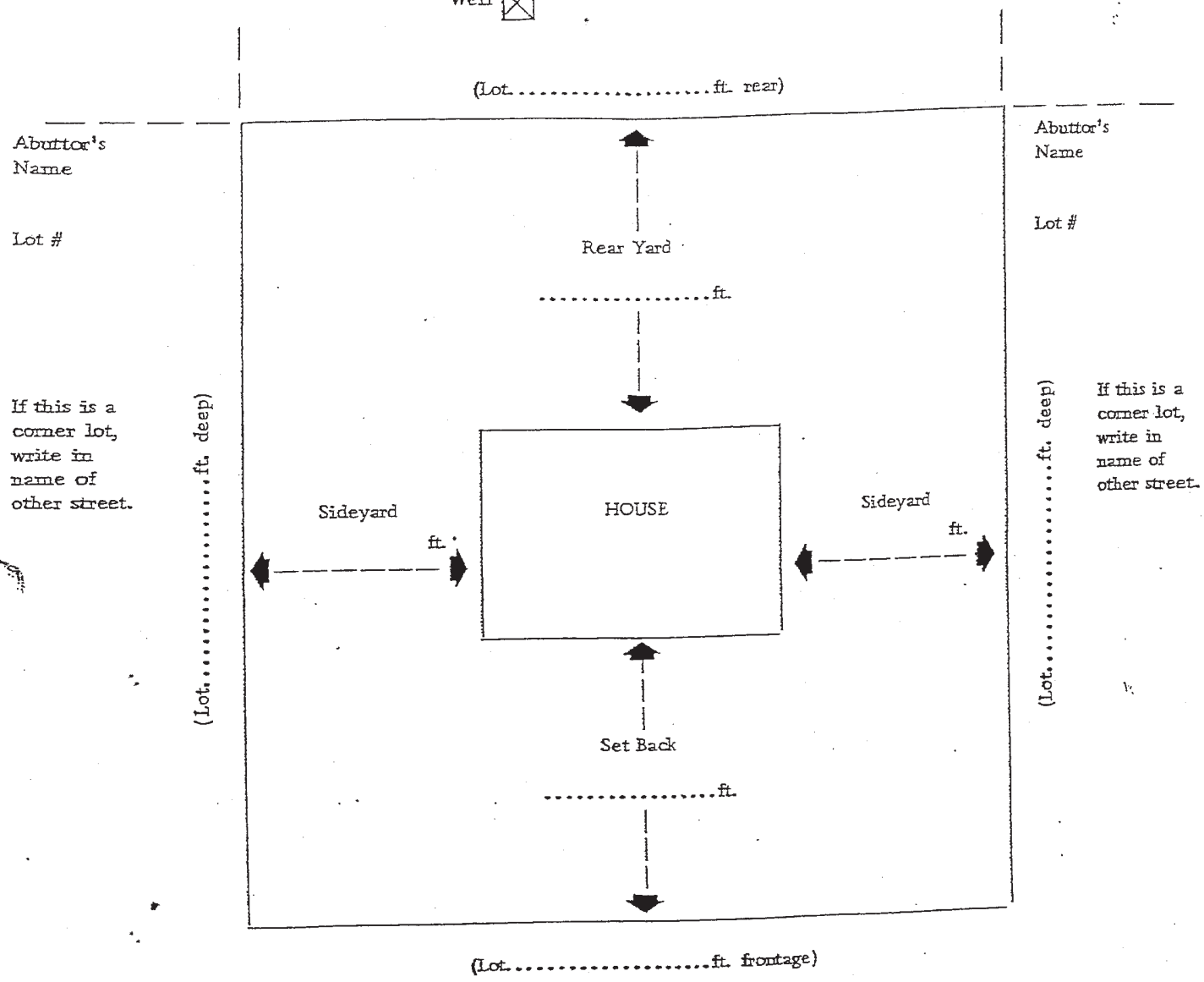
Type of cooling system_____ Enclosed _____ Open _____

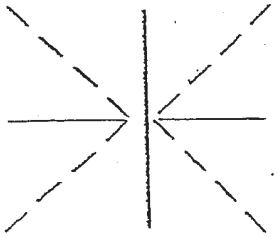
3. "Total Project Square Footage" may be substituted for "Total Project Cost"

PLOT PLAN

FOR LOT #_____

Indicate location of garage or accessory building.
Additions with dashed lines - - - - - - - - - - - -
Sewerage disposal (cesspool) ⊕
Well ☒





Mark North Point

_____
(Name of street)

Information Supplied by_____

Town of West Tisbury
Building Permit Fees

Dwellings/Guest Houses up to 1500 sq. ft.	$400
Dwellings over 1500 sq. ft.	$400 base price plus .20 (cents) per sq. ft. for the area over 1500 sq. ft.
Residential Additions up to 1000 sq. ft.	$250
Residential Additions over 1000 sq. ft.	$250 base price plus .20 (cents) per sq. ft. for the area over 1000 sq. ft.
Residential Alterations within existing footprint	$150
Barn/Studio/Garage with unfinished interior	$175
Barn/Studio/Garage with finished interior	$175 base price plus .20 (cents) per sq. ft. of finished area
Minor Work Permit; Roofing, Siding, Insulation or Window Replacement	$100
Demolition	$100
Tennis Court	$100
Wood Stove	$100
Swimming Pool	$100
Shed	$50
Sign Permit	$50
Commercial Building	$500 Plus .20 (cents) per sq.ft. over 1500 sq.ft.
Commercial Additions	$300 Plus .20 (cents) per sq.ft. over 1000 sq.ft.
Smoke Detector Inspection	$50

Note: Smoke detector inspections are Included in the fees for Dwellings and Guest Houses above

Other Permit Fees

Electric Permit	$50 + $50 for each required inspection
Gas Permit	$50 + $50 for each required inspection
Plumbing Permit	$50 + $50 for each required inspection

Note: There is a separate Fire Department Permit required for propane tanks

Please Note!

Re-inspections after a failed or incomplete inspection will be subject to a $50 re-inspection fee

Failure to post Map & Lot or Street number signs is cause for a failed inspection

Non emergency work commenced without a Permit will cause the permit fee to be doubled

Effective July 1, 2010

ENERGY CONSERVATION APPLICATION FORM FOR ENERGY EFFICICIENCY FOR ONE- AND TWO-FAMILY DETACHED RESIDENTIAL CONSTRUCTION (780 CMR 61.00)

Applicant Name: _____ *print*

Site Address: _____

Town: _____

Applicant Phone: _____

Applicant Signature: _____

Date of Application: _____

NEW CONSTRUCTION: (choose ONE of the following two options)

780 CMR TABLE 6107.1
PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA FOR NEW ONE- AND TWO-FAMILY BUILDINGS

	MAXIMUM	MINIMUM							
☐ Option 1:	Fenestration U-factor	Ceiling or exposed floors R-Value	Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab Perimeter R-Value and Depth	AFUE	HSPF	SEER
	.35	R-38	R-19	R-19	R-10	R-10, 4 ft.	National Appliance Energy Conservation Act (NAECA) of 1987 as amended, minimums or greater as applicable		

☐ Option 2:

Note: This form is not required if you choose either of the two versions of RES*check* as listed below.

√ RES*check* Version 4.1.2 or later variant software analysis must be completed (780 CMR 6107.3.2)

√ RES*check*–Web which can be accessed at http://www.energycodes.gov/rescheck/

ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD*

*Buildings under 5 years old must use option #1 or #2 in New Construction section above.

Complete the following formula to determine the % of glazing:

(a) Gross Wall & Ceiling Area equals _____SF

(b) Glazing area equals _____SF

Formula: (100 x b ÷ a)

100 x _____ ÷ _____ = _____ % of glazing
b *a*

If glazing is ≤ **40%** use the chart below. If glazing is > **40 %** proceed to "SUNROOM" section

780 CMR TABLE 6101.3
PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING LOW-RISE RESIDENTIAL BUILDINGS

	MAXIMUM	MINIMUM				
☐	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet

a 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 – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition.
Note: Owner to fill out *Consumer Information Form* (found in Appendix 120.P)

Information and Instructions

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

Revised 5-26-05

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:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.
5. ☐ 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.]

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 their workers' comp. policy information.

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_____

REVISED: 4/96

A1

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___

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

# 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)_____

##

<u>COMMERCIAL BUILDINGS ONLY</u> - <u>ADDITIONAL DATA</u>

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.