



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, or Renovate a Dwelling Or
Demolish a Building

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: _____
1.2 Assessors Map & Parcel Numbers
 1.1a Is this an accepted street? yes _____ no _____ 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 –If Demolishing a Building, Give a Description of Future Proposed Use of Property:

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.

Owner's Name - Print and 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 or Authorized Agent's Name - Print and 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"



Town of Dighton, Massachusetts

TAX STATUS APPLICATION FORM

In order to process your application request efficiently and promptly we ask that you provide us with the following information. **One form must be filled out completely for each parcel(s) owned by you and any other parties involved.**

Date of request: _____

Requested by: _____

Name: _____

Address: _____

Telephone Number: _____

Assessed Owner: _____

Current Owner: _____

(If different from the Assessed owner)

Property Address: _____

To Be Completed and Initialed by the Assessors Office

Assessor's Reference (M&L): ____ - ____ - ____

If a developer or contractor is involved in this project then this section must be completed.

Contractor/Business Name _____ Business ID _____

Business Address _____ Phone Number _____

Contact person _____

(SIGNATURE REQUIRED TO COMPLETE TAX STATUS)

I hereby attest that all the information provided herein is true and complete to the best of my knowledge.

_____ Petitioner

For Office use only: _____

Tax Office Initials _____

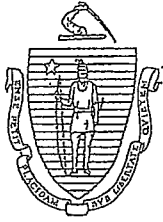
Real Estate Amt. Due _____

Personal Property Amt. Due _____

Motor Vehicle Amt. Due _____

Tax Title Amt. Due _____

Please Note: You must contact the office that is requesting the Tax Status Report for any questions or information relating to this form.



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: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <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.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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 #: _____

<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. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p>	
Contact Person: _____	Phone #: _____

ZONING BY-LAW OF DIGHTON

DISTRICT OR USE	Min. Lot Area (sq. ft.)	Min. Lot Frontage (ft.)	Min. Front Setback (ft.)	Min. Side Yard (ft.)	Min. Rear Yard (ft.)	Max. Bldg. Coverage (% of lot)	Min. Distance betw. bldgs. (ft.)	Max. Bldg. Ht. (ft.)	Max. # of Stories	Max. Ht. of Projections (ft.)	Other Requirements
Single family dwelling, all districts	35,000	175	55	15	15	25	10	35	2.5	40	Lots without water or sewer shall have a min. area of 43,560 sq. ft. and 250 ft. of frontage
Other permitted uses in Residence District	35,000	175	55	15	15	25	10	35	2	65	same as above
Other permitted uses in Open Recreation District	35,000	175	55	15	15	15	10	35	2.5	40	
Other permitted uses in Business District	18,750	150	75	30	30	30	10	35	1	65	
Other permitted uses in Industrial District	60,000	250	100	100	75	35	10	65	any	65	Side yard of 50 ft. required when abutting land zoned Ind.



**TOWN OF DIGHTON
BUILDING INSPECTOR**
979 SOMERSET AVENUE
DIGHTON, MA 02715
508-669-4524

MEMO

FROM: BUILDING COMMISSIONER

DATE: MAY 1, 2013

RE: BUILDING & ELECTRICAL PERMITS

Please be advised the original Building and Electrical Permit Cards will be required to be displayed on site and visible from the street once the building is weather tight. Failure to have the original Permit Card for Inspector signatures on site will result in a failed inspection.

Please note: the re-inspection fee will be required to be paid in the Office prior to a re-inspection request.



TOWN OF DIGHTON BUILDING INSPECTOR

979 SOMERSET AVENUE
DIGHTON, MA 02715
508-669-4524

REQUIRED DEPARTMENTAL SIGN-OFFS FOR NEW CONSTRUCTION & SOLAR PROJECTS

ADDRESS: _____

*Board of Selectmen

Contact Information:

Nancy Goulart – Telephone# 508-669-6431

Signature Sign-Off

*Tax Collector

Contact Information:

Mary Hathaway – Telephone# 508-669-5411

Signature Sign-Off

*Board of Health

Contact Information

Todd Pilling – Telephone# 508-669-5182

Signature Sign-Off

*Planning Board

Contact Information

Kerrie Easterday – Telephone# 508-669-6636

Signature Sign-Off

*Board of Assessors

Contact Information

Carol Beauregard – Telephone# 508-669-5043

Signature Sign-Off

*Conservation

Contact Information

Charles Mello – Telephone# 774-322-7104

Signature Sign-Off

*Sewer Department

Contact Information

Carol Beauregard or Dianne Curtis – Telephone# 508-669-5111

Signature Sign-Off

*Electrical Inspector

Contact Information

Thomas Ross – Telephone# 508-669-4524

Signature Sign-Off

*Fire Department

Contact Information

Chris Ready – Telephone# 508-669-6611

Signature Sign-Off

*Plumbing Inspector/Commercial Only

Contact Information

Chris Costa – Telephone# 508-669-4524

Signature Sign-Off

*North Dighton Water District

Contact Information

Dick Treacy - Telephone# 508-822-1820

Signature Sign-Off

*Dighton Water District

Contact Information

Cathal O'Brien – Telephone# 508-824-9390

Signature Sign-Off

*Zoning Board of Appeals

Contact Information

Robert Adams – Telephone# 508-669-4507

Signature Sign-Off

****PLEASE NOTE SIGNATURE REQUIRED ONLY IF APPLICABLE****



**TOWN OF DIGHTON
BUILDING INSPECTOR**

979 SOMERSET AVENUE
DIGHTON, MA 02715

DRIVEWAY PERMIT

DATE: _____

NAME: _____

PROPOSED ADDRESS: _____

CONTACT PHONE NUMBER: _____

**ATTACH A COPY OF THE SITE PLAN TO THIS
DRIVEWAY PERMIT APPLICATION**

SIGNATURE OF APPLICANT

OFFICAL USE ONLY:

APPROVED AS SHOWN ON SITE PLAN

OR

APPROVED WITH THE FOLLOWING CONDITIONS.

_____ TOWN NOT RESPONSIBLE FOR ROAD SIGNAGE, BLIND DRIVE
ETC.

_____ NATURAL FLOW OF WATER CANNOT BE ALTERED TO SEND
FLOW INTO THE STREET.

_____ NO WATER MAY BE PUMPED OR PIPED INTO THE STREET.

_____ INSTALL PIPE UNDER DRIVEWAY AT ROAD

_____ DO NOT DISTURB TOWN PROPERTY, NO FILL, OR REGRADING

TOM FERRY – 774-218-5339
HIGHWAY SUPERINTENDENT



**TOWN OF DIGHTON
BUILDING INSPECTOR**

979 SOMERSET AVENUE
DIGHTON, MA 02715
Tel# - 508-669-4524
Fax# - 508-669-5027

January 2, 2018

Attn: All Contractors and Homeowners

Re: High Efficiency HVAC Units

Due to changes throughout the years regarding energy efficiency, most heating and ventilating equipment has increased both in popularity and efficacy. With high efficient equipment having an efficiency rating of 90% and higher, a common by-product of combustion is condensate in the exhaust stream. That is the reason you see HVAC equipment exhausted through PVC piping instead of conventional steel venting. With a typical unit creating just under a gallon of liquid per hour of run time, you can imagine that there is a significant amount of liquid discharged in a 24 hour period. This situation can create a problem when units are located in spaces that are not insulated, attics in particular can pose a problem when condensate has a potential to freeze. Walk-out style basements with uninsulated stick framed walls have also have posed a problem. These situations can cause property and/or equipment damage, especially since homes have become extremely tight and uninsulated spaces are no longer affected by heat losses from the living areas of the interior of the home.

Therefore we are requiring that each HVAC unit located in any uninsulated area be supported by documentation from the manufacturer specifically indicating such installation is allowed. We will only accept a manufacturer's letter or the manufacturers installation instructions, either method must be specific to the installed unit and indicate make and model of the equipment.

Thanks for your anticipated cooperation, proper building planning is necessary, equipment will not be allowed to be installed in these areas unless manufacturer support is submitted in writing.

James D Aguiar, Jr.

Building Commissioner

