



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

<b>1.1 Property Address:</b> _____		<b>1.2 Assessors Map &amp; Parcel Numbers</b> _____	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____	

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L. c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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<sup>2</sup> -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 <sup>3</sup> (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)	\$ _____	
<b>6. Total Project Cost:</b>	\$ _____	

**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: OWNER<sup>1</sup> 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](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://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 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"/> 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.