



## The Commonwealth of Massachusetts

### Department of Public Safety

Massachusetts State Building Code (780 CMR)

### Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

#### SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street      City /Town      Zip Code      Name of Building (if applicable)

#### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here  or check all that apply in the two rows below

Existing Building  Repair  Alteration  Addition  Demolition  (Please fill out and submit Appendix 1)

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes  No

Is an Independent Structural Engineering Peer Review required? Yes  No

Brief Description of Proposed Work:

#### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

#### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
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No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)

Total Area (sq. ft.) and Total Height (ft.)

#### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> Nightclub <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	B: Business <input type="checkbox"/>	E: Educational <input type="checkbox"/>
F: Factory F-1 <input type="checkbox"/> F2 <input type="checkbox"/>	H: High Hazard H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/>	
I: Institutional I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/>	M: Mercantile <input type="checkbox"/>	R: Residential R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/>
S: Storage S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>	U: Utility <input type="checkbox"/>	Special Use <input type="checkbox"/> and please describe below:

Special Use:

#### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

#### SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_  
Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION**

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes

Name Street Address City/Town State Zip  
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)**(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here  and skip Section 10.1)**10.1 Registered Professional Responsible for Construction Control**Name (Registrant) Telephone No. e-mail address Registration Number  
Street Address City/Town State Zip Discipline Expiration Date**10.2 General Contractor**

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes  No **SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.
2. Electrical	\$ _____	Note: Minimum fee = \$ _____ (contact municipality)
3. Plumbing	\$ _____	Enclose check payable to _____ (contact municipality) and write check number here
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

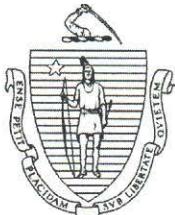
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name Title Telephone No. Date

Street Address City/Town State Zip

Municipal Inspector to fill out this section upon application approval: \_\_\_\_\_

Name Date



**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 #: \_\_\_\_\_

**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.  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]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other \_\_\_\_\_

\*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 #: \_\_\_\_\_

***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. Licensing Board
5. Selectmen's Office
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# 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.