

**TOWN OF DIGHTON
BUILDING COMMISSIONER**
1111 SOMERSET AVENUE
DIGHTON, MA 02715
508-669-4524

**WHAT IS NEEDED FOR A DEMOLITION PERMIT
IN THE TOWN OF DIGHTON**

- 1) LETTER FROM THE FOLLOWING UTILITIES:
 - a) Sewer
 - b) Water
 - c) Electric Company
 - d) Gas
 - e) Fire Department – On Site Oil Tanks

It must state in the letter that the utilities have been cut or that the building being demolished never had any of these connections.

- 2) A letter is needed from the owner (for residential property) or Licensed Asbestos Contractor (for commercial property) that the property doesn't contain asbestos.
- 3) A Licensed professional must bait the building. A copy of the Baiting Certificate must be presented to the Building Department
- 4) A Dig-Safe number must be obtained from this organization.
Dig-Safe# 1(888) DIG-SAFE
- 5) The homeowner of an owner occupied 1 to 2 family can obtain the permit. Anything larger or any commercial building that is to be demolished the Permit must be obtained by a Licensed Contractor, Architect, or Engineer.
- 6) Police Department must be contacted if a detail is needed. Also, Fire Department must be contacted if a fire watch is needed.



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

FOR
MUNICIPALITY
USE
Revised Mar 2011

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

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:		1.4 Property Dimensions:			
Zoning District _____	Proposed Use _____	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)		1.7 Flood Zone Information:		1.8 Sewage Disposal System:	
Public <input type="checkbox"/> Private <input type="checkbox"/>		Zone: _____	Outside Flood Zone? _____ Check if yes <input type="checkbox"/>	Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

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 <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/>	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. Electrical	\$ _____	2. Other Fees: \$ _____ List: _____
3. Plumbing	\$ _____	Total All Fees: \$ _____
4. Mechanical (HVAC)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____
5. Mechanical (Fire Suppression)	\$ _____	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
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 of Building & Land: _____

Current Owner: _____

(If different from the Assessed owner building & land)

Personal Property Owner: _____
Business name _____

Personal Property Bill # _____

Property Address: _____

To Be Completed and Initialed by the Assessors Office

Chapter Land Yes No

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 _____

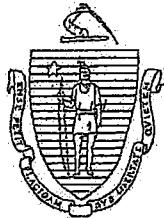
Personal Property Amt. Due _____

Motor Vehicle Amt. Due _____

Tax Title Amt. Due _____

Sewer 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 #: _____

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 #: _____