Thomas C. Quinn Jr.
Building Commissioner
Phone (781) 897-5840
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City of Woburn
Massachusetts
Department of Inspection Services
10 Common Street
Woburn, MA 01801

CITY OF WOBURN
INSPECTIONAL SERVICES

RESIDENTIAL ONE & TWO FAMILY APPLICATION PACKAGE

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK, Location, ownership, and detail must be correct, complete, and legible. A separate application is required for every structure. Two sets of plans 11x17 maximum single sided must be filed with this application together with two certified plot plans (if applicable to scope of work) 11x17 maximum single sided showing proposed structure, all existing structures, driveways, turnarounds, water lines, sewer lines, existing and proposed grades. If the project is creating a new driveway a curb cut permit will be required from the Department of Public Works.

Any Permit Application that requires earth work, a signature from the Conservation Department will be required prior to the issuance of any Building Permit.

Plot Plans, Elevation Plans and Floor Plans that were approved as part of a Special Permit or Variance will need to be included with application; this is in addition to all other required documents. Any Change from plans that are part of the Special Permit or Variance Decisions may result in a delay in approving a project it is advised to speak with the Building Commissioner before making such changes.

Enclosed with this cover sheet:

1. Required Plan Standards for One & Two Family Residential Construction.
2. Building Permit Application Package, Application to be filled in completely if a section does not apply fill in with "N/A". This application includes Workers Compensation Insurance Affidavit and Certification of Treasurer/ Collector which must be completed. It should be noted that all documents are to be original no copies or faxes will be accepted.

City of Woburn
Massachusetts

DEPARTMENT OF INSPECTION SERVICES
781-897 5840
Minimum Plan Standards for Residential Construction
One and Two Family

1. GRAPHIC REPRESENTATION
Plans submitted must include the following:

- All plans drawn to an established and identifiable scale.
- Drawings appropriately dimensioned
- Drawings annotated as required
- Proper line weights incorporated and legible copies
- Appropriate title blocks, scale indications, legends, etc.
- Drawings assembled in a logical order.
- Maximum Size of Plans 11x17 single side (Two Sets) or One Set Paper and other electronically(PDF not CAD)

2. SITE PLAN (CERTIFIED PLOT PLAN) Stamp from PLS or P.E. as required
The site plan must contain the following:

- Property lines and dimensions, street location and name, north arrow
- Setbacks and easements
- Footprint of house and accessory buildings
- Location of walks, driveways, steps, decks, terraces, retaining walls and any other hardscape items
- Utility connections, sewer lines, size of services
- Significant land forms, i.e. ledge, rock outcroppings etc
- Existing and Proposed contours
- Maximum size of plans 11x 17 proposed and as-built
- Flood Plain (FEMA & Local)
- Wetlands

3. FLOOR PLANS
The floor plans must contain the following:

- Full dimensions as required for layout and construction.
- Room labels
- Attached structures (garages, carports, porches, decks, balconies, etc)
- Location and type of fireplaces (masonry, zero-clearance etc.)
- Location of all Plumbing fixtures
- Location of all cabinets, counter tops, and other built in furnishings
- Location of all stairs, hidden ladders, etc. used for access to other levels
- General notes as required to adequately describe the conditions shown
- Smoke , Heat and Carbon monoxide detector locations

4. EXTERIOR ELEVATIONS

The exterior elevations must show the following:

- Complete elevations representing all sides of the building
- Grade lines and finish floor lines
- Door and window locations
- Finish and trim materials with adequate notations
- Roof pitches, crickets, saddles, overhangs, eaves, rakes, etc. and roofing materials
- Foundation and roof vents were visible

5. CROSS SECTIONS AND DETAILS

The cross sections and details must show the following:

- All foundation conditions with adequate dimensions
- All floor framing connections to foundations and walls
- All ceiling and roof framing connections to walls and beams
- Any critical or unusual connections or combinations of materials
- Stair construction, including (if applicable) landings, headroom, tread and riser dimensions, handrails, etc.
- Masonry fireplaces, including dimensions, footings, damper, flue chimney and hearth construction

6. FOUNDATION PLANS

The foundation plan must show the following:

- Location and size of footings stem walls, piers, grade beams, etc. including footings and piers for independent structures such as carports or decks.
- Location and size of anchor bolts and hold or tie downs (graphically shown or noted)
- Location, thickness and reinforcing of concrete slabs
- Location and size of foundation vents, access holes, doors etc.
- Location , size and reinforcement for poured concrete or block foundation walls
- Location of variances in elevation of floor slabs

7. FRAMING PLANS

Framing plans may be separate or information may be shown on other plans. The following information must be shown.

- Size, direction and spacing of floor joists
- Size, direction and spacing of ceiling joists
- Size direction and spacing of rafters and trusses
- Size direction and location of all beams, girders and headers, LVLs, TJIs, Microlams, Paralams etc. including support posts and engineering if required
- Location of hips, valleys, ridges, cants, crickets, scuppers, roof drains, etc

8. SPECIFICATIONS

Drawings must contain, as part of the general notes or in separate format, appropriate specifications to describe the materials and or workmanship required. Specifications must include the following.

- Description of exterior wall construction
- Reference to applicable codes
- Requirements for concrete strength
- Requirements for grade and type of lumber, including laminated beams and sheathing
- Finish materials for typical interior surfaces
- Compliance with Stretch Energy Code
- Window schedule, to include clear opening dimensions

City of Woburn

Inspectional Services

Phone 781-897-5840 Fax 781-897-5849

This section for official use only	
Permit #	
Date:	
Fee:	
[ ] Check	[ ]Cash

Residential <u>One and Two Family</u> Building Permit Application.

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. Location, ownership, and detail must be correct, complete, and legible. A separate application is required for every structure. **<u>All applicable signatures are required and must be original.</u>** Plans, where applicable, must be filed with this application together with a plot plan showing existing and proposed structures, all setbacks, driveways, turnaround, water and sewer lines, and existing and proposed grades.

<u>Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A"</u>.

This Section For Official Use Only.	
Signature	Date
Building Commissioner/Building Inspector	

Section 1 - Site Information

Property Address	Map	Block	Lot

Zoning District	Proposed use per Woburn Zoning Ordinance Table of Use 5.1	Number of Families [ ]One [ ]Two

Was a Special Permit Granted? [ ] Yes [ ] No	Was a Variance Granted? [ ] Yes [ ] No

Building Setbacks

	Front Yard		Side Yard(s)		Rear Yard	
Required/ Provided						

Lot Area(sf)	Lot Coverage %	Frontage (ft)

Is the Proposed work in or near a wetland? [ ] Yes [ ] No

Has a Determination of Applicability been issued by the Conservation Commission or MassDEP? [ ] Yes [ ] No

Has an Order of Conditions been Issued? [ ] Yes [ ] No DEP file Number: _____

Section 2 - Property Owner

Name	Phone
Address City State Zip	

Section 3 - Authorized Agent (If other than owner applying, also complete section 8)

Name	Phone
Address City State Zip	

Section 4 - Licensed Construction Supervisor

	License Verified [ ]Yes [ ]No Initials:
Name First Middle Last	Phone Number
Address City State Zip	License Number (include lic. type, i.e. CSSL, CSFA, etc.)
Signature	Expiration Date

Section 5- Registered Home Improvement Contractor

	Registration Verified [ ]Yes [ ]No Initials:
Name First Middle Last	Phone Number
Address City State Zip	Registration Number
Signature	Expiration Date

Property Address: same address as per Section 1

Section 6 - Description of Proposed Work

[ ] New Construction [ ] Repair(s) [ ] Siding [ ] Insulation
[ ] Accessory Structure [ ] Alterations [ ] In Ground Pool [ ] Other : _____
[ ] Demolition [ ] Roofing [ ] Above Ground Pool

Brief Description of Proposed Work:

_____

_____

Estimated Job Cost:	Value Approved by Inspector:

Section 7 - Property / Project Specifications

	Existing	New	
Total Square Footage of Living Space			Heating Type:
Total Square Footage of Garage Space			Fuel Type : [ ] Gas [ ] Oil [ ] Electric [ ] Other
Number of Rooms (Excluding Bathrooms)			Central Air Conditioning : [ ] Yes [ ] No
Number of Bedrooms			Number of Fireplaces:
Number of Full Bathrooms			
Number of Half Bathrooms			

Section 8- Owner's Authorization – To be completed when owner's agent or contractor applies for building permit.

I, name of owner as per Section 2 as owner of the subject property, hereby authorize name of agent as per Section 3 to act on my behalf, in all matters relative to work authorized by this permit application.

_____ _____

Signature of Property Owner Date

WARNING: HOMEOWNERS WHO CONTRACT WITH AN UNREGISTERED CONTRACTOR DO NOT HAVE ACCESS TO THE GUARANTY FUND (M.G.L. C 142a)

Section 9 - Owner / Authorized Agent Declaration

I, name of agent as per Section 3 or owner per Section 2 if no agent, as Owner/Authorized Agent, hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge or belief. Signed under the pains and penalties of perjury. False statements will result in the revocation of permit. The undersigned assumes all responsibility for compliance with the State Building Code and other applicable codes, ordinances, bylaws, rules, and regulations of the City of Woburn. Permits shall be void after six months of issue unless construction has commenced.

_____ _____

Signature of Owner/Agent Date

Section 10- Debris Disposal (M.G.L. c40, s54)

In accordance with M.G.L. c40 s54, a condition of the building permit is that debris resulting from this permit be disposed of in a properly licensed solid waste facility as defined by M.G.L c111, s150A.

The debris will be disposed in name and location of facility.

Section 11 - City Agency Approvals

[ ] Public Works Department For water and sewer connections	[ ] Planning Department For new subdivisions or ANR lots
[ ] Fire Department	[ ] Engineering Department
[ ] Board of Health	[ ] Historical Commission For demolition of structure(s)
[ ] Conservation Commission For all work disturbing earth	[ ] Other

Worker Compensation Insurance Affidavit (M.G.L. c152, s25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with the application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Attached? [ ] Yes [ ] No

Certification of Treasurer/Collector

Certification of Treasurer/Collector must be completed, endorsed by the Treasurer/Collector and, submitted with the application before it will be accepted for review. Attached? [ ] Yes [ ] No

Print Form

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
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 employees and 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 state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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 #:**_____

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 7-2010

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: ***DEPARTMENT***

NOTE - ALL LINES MUST BE COMPLETED BY APPLICANT.

1. Parcel which directly relates to the application filed. (***This numeric Parcel I.D. can be found: on the tax bill, or in Street Listing Records at the Building or Assessor's office. Web: http://data.visionappraisal.com/WoburnMA/.***

(Example I.D.: 12-34-56) **M**ap _____ **B**lock _____ **L**ot _____

2. **Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties within the city of Woburn?**

Circle one: **NO** **YES**

A beneficial interest can be as an individual, partnership, trust, LLP, LLC etc. If **YES**, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ **B**lock _____ **L**ot _____
Map _____ **B**lock _____ **L**ot _____

3. **Property Address where permit is sought**:_____
Real Estate Owner Name(s): _____
Real Estate Owner(s) Legal Business Name *(if any)*: _____
Real Estate Owner's Residential Address *(if different)*:_____
Telephone Number:_____

Tenant/Lessee Name: _____
Legal Business Name *(if any)*:_____
Tenant's Address: _____Telephone Number: _____

4. **Check one:** ☐ Residential ☐ Individual/Sole Proprietor ☐ Corporation
☐ Trust ☐ LLC/LLP ☐ Other _____

5. **I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.**

_____ _____
Date Signature of Applicant Property Owner or Tenant (Not contractor)

_____ _____
Title Print Name

(For Office Use Only) **CERTIFICATION OF TREASURER/COLLECTOR**

The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

_____
Certification Date

EXPIRES: _____ _____
Treasurer/Collector

*** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ***

For copies of this form: http://www.cityofwoburn.com/index.asp?nid=279