

# TOWN OF ALFORD • 413-528-4536 • FAX 413-528-4581

## BUILDING PERMIT APPLICATION PROCEDURES

1. Obtain necessary forms in Building Inspector's office or through the Selectmen's office.
2. Potable water supply required before obtaining a building permit for a dwelling.
  - A. Present connection certificate from Town water supply.
  - B. Present complete water test from existing water supply.
  - C. Obtain well permit from Board of Health, drill a new well, and present complete water test to Board of Health for Well Completion Certificate.
3. If applying for a permit which will create a need for a new or rebuilt septic system you MUST contact a member of the Board of Health.
4. Septic System Requirement per Board of Health
  - A. Engineering plans showing that a septic system is possible on the site.
  - B. Existing dwellings should submit a plot plan showing all buildings, driveways, wells and septic system components.
  - C. Building floor plans showing livable areas.
  - D. BOH will then sign building permit application.
5. Either draw three (3) sets of detailed plans, have your contractor draw three (3) sets of detailed plans, or have an architect provide three (3) sets of blue prints. (Attached to application when complete)
6. Complete Building Permit Application form and specification sheets.
7. Have the Board of Health Agent sign permit application form and ISDS plans when well requirements are completed and approved.
8. Get Planning Board approval (when required) on permit application.
9. Get Conservation Commission approval (when required) on application.
10. Present plan to Fire Chief for permit and approval of smoke and heat detector locations and have him sign application form.
11. Have Road Superintendent review driveway permit and assign street number and sign application.
12. Building Inspector, as Zoning Agent, will approve for zoning or refer to Appeals Board, if necessary.
13. Presuming that the plans meet requirements of the State Building Code, a permit may be picked up within thirty (30) days.

NOTE 1: If for any reason the plans are not approved, the Building Inspector will notify the applicant concerning necessary changes. When a mutual agreement has been reached, the permit will be issued.

NOTE 2: Submit three (3) plot plans with location of structure from all boundaries

NOTE 3: All modules require an approval from Electrical Inspector

14. Certificate of Occupancy
  - A. Certificate of compliance for septic system required from BOH before obtaining a C of O.
  - B. Final building inspection by BOH.
  - C. BOH will sign C of O.
  - D. See Board of Health guidelines for further details.
  - E. All final sign offs on job site card.

# Town of Alford

FILING FEE \$ \_\_\_\_\_

## APPLICATION FOR A PERMIT TO BUILD

APPLICATION'S NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

MAP # \_\_\_\_\_ LOT # \_\_\_\_\_

Minimum requirements to be met:

- A. Failure to comply with the minimum requirements listed below or the violation or refusal to meet these requirements will result in a fine of not more than THREE HUNDRED and 00/100 (\$300.00) DOLLARS for each violation for each day during which any portion of a violation continues.
- B. No dwelling or accessory building or any other structure or building shall be erected or placed on a lot having less than Two (2) acres in area, or having less than Two Hundred Fifty (250) feet in frontage, or be placed closer than Sixty-five (65) feet from the property line or Ninety (90) feet from the center line of the road, Twenty-five (25) feet from side line, whichever is greater.
- C. No building shall be over Thirty-Five (35) feet high.
- D. Driveway location approved and/or temporary access approved to facilitate installation of well.
- E. No building permit shall be issued for construction of a building which should necessitate use of water therein, unless a supply of water is available therefor either from a water system operated by a city, town or district, or from a well located on the land where the building is to be constructed, or from a water corporate or company. (Chapter 40, Section 54.)
- F. Blasting:    \_\_\_\_\_    \_\_\_\_\_ (If yes, from \_\_\_\_\_ through \_\_\_\_\_ )  
                   YES       NO                                   Beg. Date                                   End Date
- G. Site Plan Review Required: \_\_\_\_\_    \_\_\_\_\_ (If yes, Zoning By Laws 10:4)  
   YES       NO                                   a  
   b  
   c

Upon receiving this application with survey plan of property showing locations of dwelling, of septic system, of driveway and of water system, the following four people will make and inspection and report back to the Applicant within Twenty-one (21) days:

_____	_____	_____	_____
SANITATION INSPECTION	DATE	ROAD SUPERINTENDENT	DATE
_____	_____	_____	_____
CONSERVATION COMMISSION	DATE	PLANNING BOARD	DATE

**NOTE:** If any change is made, approval must be obtained from the above officials.

After completion of Form, please return it to the Board of Selectmen to obtain a Permit to Build.

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR MUNICIPALITY  
USE  
Revised January  
1, 2008

This Section For Official Use Only

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

Signature: \_\_\_\_\_ Building Commissioner/ Inspector of Buildings 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)

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 OWNERSHIP<sup>1</sup>

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

Name (Print) \_\_\_\_\_

Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

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>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)	\$ _____	
6. Total Project Cost:	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL Holder \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (up to 35,000 Cu Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**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.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Owner or Authorized Agent  
(Signed under the pains and penalties of perjury)

**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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R.6 and 110.R.5, respectively.

2. When substantial work is planned, provide the information below:

Total floors 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"

**In accordance with the provisions of MGL c40, S54, a condition of Building Permit # \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S150A.**

**The debris will be disposed of in:**

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**(location of facility)**

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**Signature of Permit Applicant**

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**Date**

**TOWN OF ALFORD  
APPLICATION FOR HOUSE NUMBER**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number you can be reached at \_\_\_\_\_

Assessors Map and Parcel number; Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Road Name: \_\_\_\_\_

Directions/location of property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of nearest neighbor: \_\_\_\_\_

New Construction:    Yes    No

Full-time residency \_\_\_\_\_      Part-time residency \_\_\_\_\_

Previous owner if any \_\_\_\_\_

**File this form with the Town Hall Office Staff in the Selectmen's Office. Thank you.**

\*\*\*\*\*

Your number is: \_\_\_\_\_

Please post number in accordance with Bylaw 16: no lower than 42 inches above ground level, 3"-6" reflective numbers, at the main entrance to the property on the roadway. You may wish to order a sign from our Fire Department - see office staff at the Town Hall. Please get form Town Hall Office Staff a new resident package.

Assigned by: \_\_\_\_\_

Date: \_\_\_\_\_

**Number must be posted before any construction begins. A \$10.00 per day fine may be assessed for failure to post sign.**

new911no.frm

AFFIDAVIT

Home Improvement Contractor Law  
Supplement to Permit Application

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only  
Permit No. \_\_\_\_\_

Name of City / Town \_\_\_\_\_

Date: \_\_\_\_\_

Note: 142 A, requires that the " reconstruction, alteration, renovation, repair, modernization, conversion improvement, removal, or demolition, or the construction of an addition to any pre-existing owner occupied building containing at least one but not more than four dwelling unit(s), or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Date of Permit / Application. \_\_\_\_\_

I hereby certify that:

\_\_\_\_\_ Registration is not required for the following reason(s):

- \_\_\_\_\_ Work is excluded by law
- \_\_\_\_\_ Job under \$1000 00
- \_\_\_\_\_ Building not owner-occupied
- \_\_\_\_\_ Owner pulling own permit
- \_\_\_\_\_ Other (Specify): \_\_\_\_\_

Notice is hereby given that:

**OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL C. 142 A.**

Signed under the penalites of perjury:

I hereby apply for a permit as the agent of the owners.

Date: \_\_\_\_\_ Contractor \_\_\_\_\_ Registration \_\_\_\_\_

OR:

Not withstanding the above notice, I hereby apply for a permit as the owner of the above property

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

Homeowner License Exemption

Date: \_\_\_\_\_

Job Location: \_\_\_\_\_  
                                    Number and Street Address                                      Section of Town

Homeowner: \_\_\_\_\_

Present Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Sec. 109.1.1)

**Definition of Homeowner:** Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Sec. 109.1.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Alford building Department minimum inspection procedures and requirements and that he/she will comply with said procedures.

Homeowners Signature(s) \_\_\_\_\_

Approval of Building  
Official: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 127.0, Construction Control.

TOWN OF ALFORD  
MASSACHUSETTS

5 Alford Center Road  
Alford, MA 01230  
413-528-4536

**ASSIGNMENT OF RESPONSIBILITY  
REGARDING SWIMMING POOL FENCING**

It is understood by the owner/pool contractor that meeting of swimming pool fencing regulations is the responsibility of the owner/pool contractor. All arrangements and costs for fencing are the responsibility of the owner/pool contractor. If responsibility is being relayed to the owner, fencing is not included in any way in the pool construction contract.

Furthermore, the owner/pool contractor acknowledges his/her responsibility to follow the applicable state Building Code 780 CMR 421 regarding the type and construction of such fencing as required.

Please sign below and return one copy to the Office of Building Inspector,  
Town of Alford

I confirm that I have received a copy of the foregoing and understand that swimming pool fencing is my responsibility.

\_\_\_\_\_  
owner's/pool contractor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
print owner's name



Office of Investigations  
600 Washington Street  
Boston, MA 02111  
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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></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"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet ‡. These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> 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.]</p>	<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <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.  
† 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 their workers' comp. policy information.

**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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

## FOR ALL 1 & 2 FAMILY PROJECTS

The following are considered to be the **MINIMUM** information for **ALL** permit applications

Please utilize this checklist to assure completeness

A.) Scaled drawings & details shall be submitted with each application proposing construction, reconstruction, addition, alteration, or repair. The building official may waive the requirements for filing plans when the work involved is of a minor nature.

B.) Scaled drawings & details shall indicate & describe all proposed work, including location, size, grade & quality of materials & equipment to be used.

### C.) PLOT PLAN

- Property address: map & lot number, zoning district & overlays (wetland, floodplain, etc.)
- Show well and septic locations (if applicable)
- Location of lot lines, dimensions of lot, frontage
- Location & dimensions of public easements, public utility easements, railroad right-of-ways, and established zoning setback requirements
- Location & dimensions of primary & accessory buildings & structures

### D.) FLOOR PLANS

- Floor plan of each floor and any intermediate levels including basements, crawlspaces, terraces, porches, garages, carports, and decks
- Dimensions, location & materials of foundations, footings, columns, beams & piers (include any reinforcing)
- Direction, dimensions, spacing, species & grade of all framing members (floors, roofs, wall, partitions)
- Location of all walls, partitions, windows, stairs & doors
- Location & description of all electrical equipment and alarm devices
- Location & type of all heating and air conditioning (HVAC) equipment
- HVAC schematics (check with building inspector) {forward manufacturer's installation instructions to inspector before installing equipment}

### E.) EXTERIOR ELEVATIONS

- Front, rear & side elevations including foundation depth and finish grades
- Location & dimensions of windows & doors (attach window/door schedule)
- Description of exterior cladding or siding material
- Show exterior stair locations & dimensions
- Show chimney and vent location.

### F.) DETAILS & SECTIONS

- Compliance paperwork for energy requirements: documents showing compliance with Appendix J. (attach papers showing one of the five methods)
- Sections through exterior walls showing details of construction from footing to the highest point of the building (see attached)
- Sections through shafts, landings & stairs- include framing details, tread, riser, headroom
- Describe location & dimensions of handrails & guardrails
- Sections through fireplaces & chimneys (show dimensions and clearances)
- Location & details of any roof trusses, glue-lam, or engineered lumber (include connection & bracing details and Mass. professionals stamp on specification sheet)

# CHECKLIST:

Do your plans include all the information requested below?

## ONE AND TWO FAMILY MATERIAL SPECIFICATIONS

FOOTINGS \_\_\_\_\_ X \_\_\_\_\_

FLOOR \_\_\_\_\_ INCHES THICK

FOUNDATION: TYPE \_\_\_\_\_ POURED, BLOCK, ETC.

FLOOR JOISTS \_\_\_\_\_ X \_\_\_\_\_ SPAN \_\_\_\_\_ O/C \_\_\_\_\_

CARRYING BEAM \_\_\_\_\_ X \_\_\_\_\_ SPAN FROM COLUMN TO COLUMN \_\_\_\_\_

SUB-FLOOR \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ PLYS \_\_\_\_\_ GRADE \_\_\_\_\_

STUDDING(BEARING WALLS) \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_

CEILING JOISTS \_\_\_\_\_ X \_\_\_\_\_ SPAN \_\_\_\_\_ O/C \_\_\_\_\_

ROOF RAFTERS \_\_\_\_\_ X \_\_\_\_\_ SPAN \_\_\_\_\_ O/C \_\_\_\_\_

ROOF TRUSSES \_\_\_\_\_ X \_\_\_\_\_ TOP CHORD \_\_\_\_\_ X \_\_\_\_\_ LOWER CHORD SPAN \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_

EXTERIOR SHEATHING \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ PLYS \_\_\_\_\_ GRADE \_\_\_\_\_

FELT \_\_\_\_\_ LB.

ROOFING MATERIALS: TYPE \_\_\_\_\_ LBS. \_\_\_\_\_ PER SQU.

UNDER LAYMENT \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

FINISH FLOOR: KITCHEN \_\_\_\_\_ BATH \_\_\_\_\_ LIVING, DINING \_\_\_\_\_ BDROOM \_\_\_\_\_

INTERIOR WALL FINISH \_\_\_\_\_ INCHES SHEETROCK \_\_\_\_\_ OTHER \_\_\_\_\_

EXTERIOR SIDING \_\_\_\_\_

INSULATION: WALLS \_\_\_\_\_ CEILING \_\_\_\_\_ CELLAR \_\_\_\_\_

ROOF PITCH \_\_\_\_\_

CHIMNEY: FLUE SIZE(S) \_\_\_\_\_

FIREPLACE: HEARTH \_\_\_\_\_ X \_\_\_\_\_ FIREBOX WIDE \_\_\_\_\_ DEEP \_\_\_\_\_

FOUNDATION WATERPROOFING MATERIAL \_\_\_\_\_

AUTOMATIC FIRE ALARM: \_\_\_\_\_

BEDROOM WINDOW SIZED: \_\_\_\_\_

OTHER: \_\_\_\_\_