



Town of Milford

52 Main Street

Milford, MA 01757

Massachusetts State Building Code (780 CMR)

Building Permit Application to Construct, Repair, Renovate or Demolish any One- or Two-Family Dwelling

Code and Other Requirements for Building Permits

The Massachusetts Department of Public Safety has issued building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The Town of Milford uses a slightly modified version of the State application. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems.

Filing Instructions

1. Print the application, fill in completely and then submit to the Department of Inspections at 52 Main St., Milford, MA 01757.
2. **Effective April 1, 2012 all construction documents larger than 8 1/2 x 14 must be submitted in electronic format.**
3. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
4. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the Town of Milford.
5. The Town of Milford does require submittal of a **certified plot plan** as required by 780 CMR 107.2.5, prepared by a registered Massachusetts Land Surveyor or Civil Engineer for: New construction; any project with vertical or horizontal additions; and any new or replacement deck/ stairs/ porches even if structure size will be reduced in the instance of replacement.
6. Applicant must provide a Certificate of Insurance for General Liability and Worker's Compensation listing Town of Milford as certificate holder. (This must only be provided once prior to expiration of certificate.)
7. A Homeowner (as defined by 780 CMR 110.R5) performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 110.R5, provided that if a homeowner engages a person(s) for hire to do such work, then such homeowner shall act as supervisor.

Note: Any Licensed Construction Supervisor who contracts to do work for a homeowner shall be responsible for performing said work in accordance with 780 CMR and manufacture's recommendations, as applicable, whether or not the licensed contractor secured the permit for said work.

8. **Upon issuance of Building Permit, it is the responsibility of the Permit holder to schedule all required inspections, and to apply for and obtain a Certificate of Zoning Compliance and Certificate of Occupancy (if applicable) upon completion of the project and prior to occupying or continuing to occupy the structure.**
9. **Applications will be examined within a reasonable time after filing. Due to heavy volume, this time may average 2 weeks, and may be delayed by incomplete submittals.**

I have read and understand the above instructions
(Signature)

Print Name



Town of Milford

Massachusetts State Building Code, 780 CMR

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

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

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____

Parcel Number _____

1.3 Zoning Information:

Zoning District _____

Proposed Use _____

1.4 Property Dimensions:

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 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: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Costs: (Labor and Materials) | Official Use Only |
|----------------------------------|--|--|
| 1. Building | \$ _____ | <div>1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost³ (Item 6) x multiplier _____ x _____</div> <div>2. Other Fees: \$ _____ List: _____ _____</div> <div>Total All Fees: \$ _____</div> <div>Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____</div> |
| 2. Electrical | \$ _____ | |
| 3. Plumbing | \$ _____ | |
| 4. Mechanical (HVAC) | \$ _____ | |
| 5. Mechanical (Fire Suppression) | \$ _____ | |
| 6. Total Project Cost: | \$ _____ | |

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder (Or homeowner if owner applying)

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.

Print Owner's Name

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.

Print Owner's or Authorized Agent's Name & Signature 780 CMR R105.3 (6.)

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"