



**TOWN OF SANDWICH BUILDING PERMIT APPLICATION  
CELL TOWERS**

Submission Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Project Description (Include ALL dimensions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Cost of Project:** \_\_\_\_\_

\*\*\*\*\*

**OWNER OF TOWER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town

TEL. NO: \_\_\_\_\_

\*\*\*\*\*

**CONTRACTOR (Provider):**

COMPANY NAME: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town/State Zip

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NO: \_\_\_\_\_

\*\*\*\*\*

**CONSTRUCTION SUPERVISOR:**

NAME: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town/State Zip

REPRESENTATIVE CONTACT NO: \_\_\_\_\_

CS License. # \_\_\_\_\_ (COPY REQUIRED AT SUBMISSION)

**WORKER'S COMPENSATION AFFIDAVIT REQUIRED AT SUBMISSION (attached)**

**The Construction Supervisor (CS) and Electrician of record are required to schedule all appropriate Inspections, as indicated on the Building Permit Card. The Building Permit Card will be issued ONLY to the CS on record. The Building Permit Card, at completion (signed by all Inspectors), must be returned to the office by the CS, who will at that time be required to sign a Construction Supervisor Certification. These steps will facilitate proper Permit closeout.**

**Failure to closeout Building Permits properly will suspend future Building Permit issuances for this location as well as for the Construction Supervisor and Contractor of record.**

\*\*\*\*\*

I hereby acknowledge that I have read this application and state that it is correct and agree to comply with all TOWN BYLAWS and STATE LAWS regulating building construction.

SIGN HERE: \_\_\_\_\_ PRINT HERE: \_\_\_\_\_





# 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
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  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational

F: Factory F-1  F2  H: High Hazard H-1  H-2  H-3  H-4  H-5

I: Institutional I-1  I-2  I-3  I-4  M: Mercantile  R: Residential R-1  R-2  R-3  R-4

S: Storage S-1  S-2  U: Utility  Special Use  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)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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**Railroad right-of-way:**  
Not Applicable   
or Consent to Build enclosed

**Hazards to Air Navigation:**  
Is Structure within airport approach area?  
Yes  or No

MA Historic Commission Review Process:  
Is their review completed?  
Yes  No

### 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)	
1. Building	\$ _____	Total Construction Cost (from Item 6) = \$ _____  Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality)  Enclose check payable to _____ (contact municipality) and write check number here _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
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: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**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 an 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  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. ‡
- 6.  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):**

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_



CONSTRUCTION SUPERVISOR ACKNOWLEDGEMENT

Project Location: \_\_\_\_\_

Construction Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Permits are issued in the Town of Sandwich under the following conditions:

Excerpts from 708 CMR, the Massachusetts State Building Code; 110R5, Construction Supervisors follow:

780 CMR 110R5.2.12, On-site Presence of Supervisor: A licensed individual or a licensed designee shall be present on the site at some point to approve construction, reconstruction, alterations, removal or demolition involving the following work:

1. Excavation
2. Foundation (pouring or other)
3. Decking
4. Rough Framing
5. Finished Framing
6. Chimneys
  - a. Excavation/foundation
  - b. At the top of the smoke chamber and support of the flue liner
  - c. When erection of the chimney is completed.

780 CMR 110R5.2.15, Responsibility of Each License Holder:

110R5.15.1, Responsibility of Work: The license holder shall be fully and completely responsible for all work for which he/she is supervising. He/she shall be responsible for seeing that all work is done pursuant to 780 CMR and the drawings as approved by the Building Official.

110R5.2.15.2, Responsibility to Supervise Work: The license holder shall be responsible to supervise the construction, reconstruction, alteration, repair, removal or demolition for the category license held involving any activity regulated by any provision of 780 CMR only pursuant to 780 CMR51 through 99 and all other applicable Laws of the Commonwealth even though he/she, the license holder, is not the permit holder but only a subcontractor or contractor to the permit holder.

110R5.2.15.3, Notification of Violations: The license holder shall immediately notify the building official in writing of the discovery of any violations which are covered by the building permit.

110R5.2.15.4, Willful Violation: Any licensee who shall willfully violate 780 CMR 110R5.2.15.1, 110R5.2.15.2, or 110R5.2.15.3 or any other Sections of 780 CMR 110R5 and any procedures, as amended, shall be subject to revocation or suspension of license by the Committee.

I have read and understand my responsibilities under the rules and regulation for licensing construction supervisors in accordance with 780 CMR 5108.3.5 and 780 CMR 110R5. I understand the construction inspection procedures and the specific inspection called for by the building official. I have read and understand the Tow of Sandwich by-laws and zoning by-laws pertaining to this project and the project site. I will maintain a current copy of 780 CMR and have that with me at all times when working on a project for which I am the licensee. I will abide by all federal, state, local laws pertaining to the construction of this project.

\_\_\_\_\_  
Signed under pains/penalties of perjury

\_\_\_\_\_  
Date