

**TOWN OF COLRAIN  
INSPECTOR OF BUILDINGS**

**55 MAIN ROAD  
COLRAIN, MASSACHUSETTS 01340**

**(413) 624-3356**

**FAX – (413) 624-8852**

**Office Hours- Wednesday 6pm to 8pm**

**[shawnkimberley@hotmail.com](mailto:shawnkimberley@hotmail.com)**

**APPLICATION FOR BUILDING PERMIT**

**To the Inspector of Buildings:**

The undersigned hereby applies for a permit to construct a building, structure or a portion thereof according to the following specifications:

**Location of proposed structure:** House # \_\_\_\_\_  
Street \_\_\_\_\_  
Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

If you are not sure on this information, you may get this from the Assessors Office (413) 624-3356.

**Is the Property in APR** \_\_\_\_\_yes \_\_\_\_\_no

**Is the Property in Chapter 61 – Forestry** \_\_\_\_\_yes \_\_\_\_\_no

**Is the Property in Chapter 61A – Agricultural** \_\_\_\_\_yes \_\_\_\_\_no

**Is the Property in Chapter 61B – Open/Recreational** \_\_\_\_\_yes \_\_\_\_\_no

**Is there a Conservation Restriction** \_\_\_\_\_yes \_\_\_\_\_no

**Owner Information:** Name \_\_\_\_\_

Street Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**Purpose of structure:** (ex. Residential, barn, shed, ect)  
\_\_\_\_\_

**Architect/designer information:** Name: \_\_\_\_\_

Street Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Lic# \_\_\_\_\_

**Contractor information:** Name \_\_\_\_\_ Lic.# \_\_\_\_\_

Street Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Note: Owners pulling their own permit on behalf of a contractor or who engage unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL c. 142A. If an owner pulls a permit for a project and hires a contractor who may not be registered or possess a supervisors license, they (the owner) are fully responsible for the project, and its compliance with the State Building Code. If the owner pulls the permit they must fill out the Home License Exemption sheet attached to this application.



# 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 forgoing 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 employee. 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 section §25(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 section §25(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 in the workers' compensation affidavit completely, by checking the box that applies to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificates(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 Towns 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 homeowner 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**  
**phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE**  
**fax#: (617) 727-7749**  
**[www.mass.gov/dia](http://www.mass.gov/dia)**

*The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 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#:** \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).*<br>2. <input type="checkbox"/> I am a sole proprietor or partner ship and have no employees working for me in any capacity. [No workers' comp. insurance required].<br>3. <input type="checkbox"/> I am a homeowner doing all work myself [No workers' comp. insurance required] † | 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 employees and have workers' comp. insurance. ‡<br>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per M.G.L. c. 152, § 1(4), and we have no employees. [No workers' comp. insurance required.] |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- Type of construction  
Please Check One*
- 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 attach 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 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 \$250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

***I do herby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ 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#:** \_\_\_\_\_

# ZONING ISSUES

**(All construction will be required to be in accordance with the  
Town of Colrain Zoning Bylaws)**

Area of lot: \_\_\_\_\_ (acres)

Colrain Zoning Bylaws require that a lot have a minimum of 20,000 sq. ft. in village areas, and 1-1/2 acres in rural areas.

Frontage: \_\_\_\_\_ (Feet)

Colrain Zoning Bylaws require that a lot have 100 feet of frontage in village areas, and 300 feet of frontage in rural areas. This frontage must be measured continuously along one street.

Distance to property lines: Front (street) line \_\_\_\_\_ ft. Left \_\_\_\_\_ ft. Right \_\_\_\_\_ ft  
Rear \_\_\_\_\_ ft

Front Setbacks (Dwelling units): Colrain Zoning Bylaws requires that any dwelling be set back 30 feet from your front property line in village areas and 50 feet in rural areas.

Side Setbacks (Dwelling units): Colrain Zoning Bylaws requires that any dwelling be set back 15 feet from your side property line in village areas and 40 feet in rural areas.

Rear Setbacks (Dwelling units): Colrain Zoning Bylaws requires that any dwelling be set back 30 feet from your rear property line in village areas and 40 feet in rural areas.

Front Setbacks (Accessory buildings): Colrain Zoning Bylaws requires that any accessory building be set back 30 feet from your front property in village areas and 50 feet in rural areas.

Side/Rear Setbacks (accessory buildings): Colrain Zoning Bylaws requires that any accessory building be set back 40 feet from your side and rear property lines in rural areas and a 15 foot set back from your side and 30 feet from your rear property lines in the village area.

Size of proposed structure:

Length \_\_\_\_\_ ft. Width \_\_\_\_\_ ft. Height \_\_\_\_\_ ft.

Number of floors \_\_\_\_\_ Number of rooms \_\_\_\_\_

Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Total area \_\_\_\_\_ Sq. Ft. (Will be used to calculate construction cost)

Distance to nearest building: \_\_\_\_\_ ft. in a \_\_\_\_\_ direction  
Colrain Zoning Bylaws require that an accessory building must be at least 10 feet away from any dwelling unit or other accessory building.

## **Conservation Issues**

**(All building permit applications will be reviewed by the  
Colrain Conservation Commission  
Prior to issuance of permit)**

Distance to nearest stream or river:

\_\_\_\_\_ ft. in a \_\_\_\_\_ direction.

Distance to nearest intermittent stream:

\_\_\_\_\_ ft. in a \_\_\_\_\_ direction.

Distance to nearest wetland area:

\_\_\_\_\_ ft. in a \_\_\_\_\_ direction.

Is the project located within a flood plain? \_\_\_\_\_ yes \_\_\_\_\_ no

If you are not sure, there are flood maps at the town office.

If the work to be done is within 200' of a perennial stream or river, within 100' of a intermittent stream, or within 100' of a wetland, the Conservation Commission will require a "Request for Determination" to be filed.

**If you have any questions about whether this applies, please contact Spike Wheeler at (413) 624-3454.**

### **Plot plan must accompany this permit application.**

Plot plan shall include the minimum information outlined in the "1&2 bedroom family projects" checklist sheet attached to this application.

# SPECIFICATION SHEET

**(All construction will be required to meet the  
Massachusetts State Building Code-Eighth Edition)**

**For all new structures:**

Type of Construction: (from code book) \_\_\_ 1A, \_\_\_ 1B, \_\_\_ 2A, \_\_\_ 2B, \_\_\_ 3A, \_\_\_ 3B,  
\_\_\_ 4, \_\_\_ 5A, \_\_\_ 5B

Use Group \_\_\_\_\_

- 1: Footings: width \_\_\_\_\_ ft , thickness \_\_\_\_\_ inches
- 2: Foundation: width \_\_\_\_\_ inches, height \_\_\_\_\_ ft
- 3: Floor Joists: size of members \_\_\_\_\_ (ex. 2"x10"), span \_\_\_\_\_ ft  
Spacing \_\_\_\_\_ (ex. 16" o.c.)
- 4: Floor sheathing: \_\_\_\_\_ (ex. 5/8" plywood)
- 5: Walls: (exterior & load bearing walls)  
stud size \_\_\_\_\_ (ex. 2x6), spacing \_\_\_\_\_ (o.c.), height \_\_\_\_\_ ft  
(interior & nonbearing walls)  
Stud size \_\_\_\_\_ (ex.2x6), spacing \_\_\_\_\_ (o.c.), height \_\_\_\_\_ ft  
(exterior siding) \_\_\_\_\_ (ex. wood clapboards, vinyl,  
etc.)
- 6: Ceiling Joists: size of members \_\_\_\_\_ (ex. 2x8), spacing \_\_\_\_\_ (o.c.)  
span \_\_\_\_\_ ft
- 7: Rafters: size of members \_\_\_\_\_ (ex. 2x10) spacing \_\_\_\_\_ (o.c.)  
Span \_\_\_\_\_ ft pitch of roof \_\_\_\_\_ (ex. 5/12, 10/12 etc)
- 8: Roof Sheathing: \_\_\_\_\_ (ex. 5/8" plywood)
- 9: Roofing material: \_\_\_\_\_ (ex. asphalt shingles)

**For Residential Structures only:**

- 1. Insulation: Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Floors \_\_\_\_\_
- 2. Interior Finish: Walls \_\_\_\_\_  
Ceilings \_\_\_\_\_
- 3. Type of Heating Equipment: \_\_\_\_\_
- 4. Type of Chimney (if applicable) \_\_\_\_\_, Flue size \_\_\_\_\_

**Floor Plan, Exterior Elevations, and Details & Sections drawings  
shall accompany this permit application.**

All drawings shall include the minimum information outlined on the "One and Two Family Projects" Checklist attached to this application.

# **FOR ALL 1 & 2 FAMILY PROJECTS**

The following Items are considered to be the MINIMUM information to be submitted with 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.
- Locations & dimensions of public easements, public utility easements, railroad right-of-ways, and established zoning setback requirements.
- Location & dimensions of primary & accessory buildings and structures

## D.) FLOOR PLANS

- Floor plans of each floor and any intermediate levels including basements, crawlspaces, terraces, porches, garages, carports and decks.
- Dimensions, location & material of foundations, footings, columns, beams & piers (include any reinforcing)
- Direction, dimensions, spacing, species & grade of all framing members (floors, roofs, walls, partitions)
- Location of all walls partitions, windows, stairs and doors
- Location & description of all electrical equipment and alarm devices
- Location and 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 locations

## F.) DETAILS & SECTIONS

- Sections through exterior wall 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 fireplace & chimney (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)
- Exterior envelope energy requirements: U-of the walls, roof/ceiling & floors, OR R-of walls/roof/floor, also percent of windows to walls. (attach)

# COST OF CONSTRUCTION

Cost of construction is determined by the following scale:  
(This valuation procedure does not affect taxation by your town assessors)

All new construction for dwelling units/additions:	\$50/sq. ft.
Residential accessory buildings & non-living space:	\$10/sq. ft.
Residential garages:	\$20/sq. ft.
Residential renovations:	\$30/sq. ft.
Residential decks:	\$10/sq. ft.

## MUST BE FILLED OUT BY ALL:

Estimated cost (MUST BE FILLED OUT) \_\_\_\_\_ \$

## PERMIT FEES

Once you have determined your construction cost, the permit fee is based on  
\$3.00 per \$1000 of value.

## PERMIT FEES WILL BE DOUBLED WHEN CONSTRUCTION IS STARTED BEFORE A PERMIT IS ISSUED.

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## AFFIDAVIT

As a result of provisions of M.G.L. c40, s54, I acknowledge that as a condition of a Building Permit in the Town of Colrain, all debris resulting from the Construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by M.G.L. c 111, s 150A.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date