

**Office Use Only**

Health _____
Conservation _____
Fire _____
Planning _____
Water _____
Highway _____

TOWN OF WAYLAND**BUILDING PERMIT APPLICATION****Office Use Only**

Permit No. Issued: _____
Date Issued: _____
Received: _____
Signature: _____

LOCATION OF PROJECT

No _____ Street _____ Zoning District _____

Lot Description: Map _____ Parcel _____ Lot Area _____ Frontage _____

Setbacks: Front _____ Sides _____ Rear _____ Historic District ☐ Yes ☐ No

Water Supply: ☐ Public ☐ Private Wastewater: ☐ Sewer System ☐ Title V Onsite Flood Zone/100 Yr: ☐ In ☐ Outside

TYPE AND USE OF BUILDINGS:**A. TYPE OF IMPROVEMENT**

- ☐ New Building
☐ Addition
☐ Alteration
☐ Repair, Replacement
☐ Wrecking, Demolition

B. PROPOSED USE - Residential

- ☐ One Family/Two family
☐ Multi family-# of units _____
☐ Hotel, Motel or Dormitory
Enter Number of units _____
☐ Accessory Building
☐ Recreation
☐ Other-Specify _____

Non-Residential

- ☐ Theater, Assembly, Religious
☐ Hospital, Institutional
☐ Office, Bank, Professional
☐ Restaurant
☐ Library, Other Educational
☐ Stores, Mercantile
☐ Other-Specify _____

DESCRIBE PROPOSED CONSTRUCTION:**FEE CALCULATION:**

Estimated Construction Cost (\$ _____ + 1000 X \$12 or \$15*) *see Fee Schedule = Permit Fee: _____ (\$50 MINIMUM)

Additional fee may be applicable if Certificate of Occupancy is needed. ☐ Yes ☐ No

TOTAL FEES

\$ _____

IDENTIFICATION (Type or Print Clearly)

OWNER OR Name _____ Phone _____
LESSEE

Address _____ Email _____

APPLICANT Name _____ Phone _____

Address _____ Email _____

CS License/Registration # _____ Exp. Date _____

Home Improvement License _____ Exp. Date _____

The applicant warrants the truthfulness of the information in the application, and that if any of the information provided is incorrect, the building permit may be revoked. I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signature of Contractor / Owner / or /Agent (person responsible for permit)

Print Name

REQUIRED DOCUMENTS FOR A COMPLETE BUILDING PERMIT APPLICATION

IF YOU DO NOT HAVE ALL OF THE FOLLOWING INFORMATION,

THIS APPLICATION PACKAGE IS INCOMPLETE AND MAY NOT BE ACCEPTED

- ☐ **1 COPY OF COMPLETED APPLICATION** – All information must be provided. (N/A may be used if appropriate) Must be typed or written legibly. Map/Parcel available at Assessor's office or online through the Wayland GIS
- ☐ **MINIMUM 2 COPIES OF STAMPED BUILDING PLANS FOLLOWING ALL RELATED DEPARTMENTS' SIGN OFFS**** Including Construction Specifications, all required design certifications, placement of Smoke, Heat, and Carbon Monoxide Detection and Alarm Systems. 1 copy to be stamped and returned to applicant.
- ☐ **SOLID WASTE DISPOSAL FORM** (N/A may be used if appropriate)
- ☐ **PHOTOCOPY OF CONSTRUCTION SUPERVISOR'S LICENSE & HOME IMPROVEMENT CONTRACTOR'S LICENSE**
- ☐ **WORKER'S COMPENSATION INSURANCE AFFIDAVIT** (Certificate of Insurance if required.)
- ☐ **PERMIT FEE** – \$12 per \$1000 of Total Cost of Construction for the majority of applications, for new construction and commercial work it's \$15 per \$1000 of Total Cost of Construction.

IF APPLICABLE:

- ☐ ****1 RECORDED COPY OF BOARD OF HEALTH APPROVAL** – Other approvals that may be needed include Zoning Board of Appeals, Conservation Commission, Planning Board, and Historic District Commission.
- ☐ **1 COPY OF CERTIFIED SITE PLAN** – **FOR ALL NEW BUILDINGS AND ADDITIONS** (Horizontal and Vertical). Showing size and location of all existing and proposed buildings, driveway, lot coverage and setbacks.
- ☐ **1 COPY ENERGY CALCS** – **FOR ALL NEW CONSTRUCTION OR HEATED ADDITIONS.** See current Stretch Energy Code for Requirements, including verification of Energy Star Rating of Windows and Doors.
- ☐ **1 COPY OF YOUR DEED/PLAN FOR VACANT LOT** – From the Middlesex County Registry of Deeds or Land Court, whichever is applicable.

IF THE HOMEOWNER IS DOING THE WORK THEMSELVES AND SERVING AS GENERAL CONTRACTOR FOR RESIDENTIAL PROJECTS:

- ☐ **CONSTRUCTION SUPERVISOR EXEMPTION AFFIDAVIT & HOME IMPROVEMENT CONTRACTOR AFFIDAVIT**

MODULAR HOMES

Submit plans approved by Division of Inspection & evidence of 3rd party engineering review.

Project **REQUIRES** Construction Supervisor License for foundation. Homeowner may NOT pull permit, submit manufacturer's certification of installer/set crew.

SEE OTHER SIDE FOR APPLICATION



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 #: _____



TOWN OF WAYLAND
MASSACHUSETTS
01778
BUILDING DEPARTMENT

GEOFFREY S. LARSEN
BUILDING COMMISSIONER

TOWN BUILDING
41 COCHITUATE ROAD
TELEPHONE: (508)358-3600
FAX: (508)358-3606

For Office Use Only
Permit No. _____
Date _____

Suggested Affidavit for Home Improvement Contractor Permit Application
Home Improvement Contractor Law
Supplement to Permit Application

MGL.c.142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units..or two 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 Name: _____

Date of Permit Application: _____

I hereby certify that:

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

- _____ Work excluded by law
- _____ Job under \$1,000
- _____ 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.142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date

Contractor Name

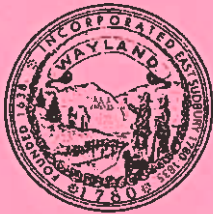
Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date

Owner Name



TOWN OF WAYLAND
MASSACHUSETTS
01778
BUILDING DEPARTMENT

GEOFFREY S. LARSEN
BUILDING COMMISSIONER

TOWN BUILDING
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CONSTRUCTION SUPERVISOR LICENSE EXEMPTION FOR HOMEOWNERS

(Please Print)

Date: _____

JOB LOCATION: _____

HOMEOWNER: _____ Phone No. _____

MAILING ADDRESS: _____

Massachusetts State Building Code Section 108.3.5

Licensing of Construction Supervisors

Except of those structures governed by Construction Control in 116.0 effective July 1, 1982 no individual shall be engaged in directly supervising persons engaged in construction, reconstruction, alteration, repair, removal or demolition involving the structural elements of building and structures, unless he or she is licensed in accordance with the rules and regulations promulgated by the BBRS, entitled Rules and Regulations for Licensing Construction Supervisors.

Exception: Any Home Owner performing work for which a building permits is required shall be exempt from the provisions of this section, provided that if a Home Owner engages a person(s) for hire to do such work, that such home Owner shall act as supervisor.

For purposes of this section only, a "Home Owner" is defined as follows

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 or two 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.

THE UNDERSIGNED "HOMEOWNER" ASSUMES FULL RESPONSIBILITY FOR COMPLIANCE WITH THE STATE BUILDING CODE, OTHER APPLICABLE CODES, BY-LAWS, REGULATIONS AND THE TOWN OF WAYLAND BUILDING DEPARTMENT INSPECTIONAL PROCEDURES AND REQUIREMENTS.

"HOMEOWNERS" SIGNATURE: _____



Geoffrey S. Larsen
BUILDING COMMISSIONER

TOWN OF WAYLAND
MASSACHUSETTS
01778
BUILDING DEPARTMENT

TOWN BUILDING
41 COCHITUATE ROAD
TELEPHONE (508) 358-3600
FAX(508)358-3606

**SOLID WASTE DISPOSAL FORM
ASBESTOS ABATEMENT INFORMATION AFFIDAVIT**

As a condition of issuing a permit for the construction, demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54, requires that the debris resulting there from shall be disposed in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A and 310 CMR 7.15 when applicable.

I hereby acknowledge that the referenced building permit issued to construct, demolish, renovate, rehabilitate or alter a building or structure is conditioned on compliance with M.G.L. c. 40, § 54.

Building Permit Number (to be completed by office staff)

Construction Site Address

Name and Location of Solid Waste Disposal Facility

Signature of Permit Applicant

Date

ASBESTOS ABATEMENT INFORMATION AFFIDAVIT

For all work to be permitted and controlled by 310 CMR 7.15 in an owner-occupied , single family residence.

As owner of an owner-occupied, single family residence I am claiming the owner exemption as controlled by 310 CMR 7.15. Any non-friable Asbestos Abatement work not performed by the single family owner shall require notification to the Health Department prior to any asbestos abatement work being performed.

Signature of Owner

Date



Town of Wayland
BUILDING DEPARTMENT
ENERGY CONSERVATION APPLICATION FORM

STRETCH ENERGY CODE
(780 CMR Appendix AA & IECC 2015)
COMPLIANCE FOR ONE & TWO-FAMILY RESIDENTIAL CONSTRUCTION

Applicant Name: _____

Job Address: _____

Applicant Signature: _____

Date of Application: _____

Please check appropriate box:

☐ New Construction- 401.2 (1 & 2 Family Dwellings) requires a HERS index rating as verified by a RSNET certified HERS rater:

Name & Reg. # of HERS rater: _____

- a. Units 3,000 sq. ft. of conditioned space, a HERS rating of 55 or less is required.
- b. Units <3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required.
- c. All units shall comply with the Energy Star Qualified Thermal Bypass Inspection Checklist.

☐ Additions (Circle Option #1 or #2):

1. Prescriptive Options (401.3) shall conform to IECC 2015 Chapter 4 and demonstrate compliance with:

- a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist.
- b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights.
- c. Ducts sealed and tested with leakages 4 cfm per 100 sq. ft. of conditioned floor area.
- d. Indicate insulation R-Values and fenestration U-Factors below:

R-Values Wall: _____ Ceiling Floor: _____ Slab: _____ Basement Wall: _____

U-Factors Windows: _____ Doors: _____ Skylights: _____

2. Performance Option (401.4):

Name & Reg. # of HERS rater: _____

- a. Units 3,000 sq. ft. of conditioned space, a HERS rating of 65 or less is required.
- b. Units <3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required.
- c. All units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist.

☐ Alterations, Renovations or Repairs (Circle Options #1 or #2):

1. Prescriptive Option (401.5) shall conform to IECC 2015 Chapter 4 and demonstrate compliance with:

- a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist.
- b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights.
- c. Ducts sealed and tested with leakages 4 cfm per 100 sq. ft. of conditioned floor area.
- d. Indicate insulation R-Values and fenestration U-Factors below:

R-Values Wall: _____ Ceiling Floor: _____ Slab: _____ Basement Wall: _____

U-Factors Windows: _____ Doors: _____ Skylights: _____

2. Performance Option (401.6):

Name & Reg. # of HERS rater: _____

- a. Units 3,000 sq. ft. of conditioned space, a HERS rating of 65 or less is required.
- b. Units <3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required.
- c. All units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist.

☐ Residential Windows, Doors & Skylights- Energy Star Fenestration U-Factor Requirements (see reverse side)

#of Windows U-Factor(s) _____

#of Doors U-Factor(s) _____

#of Skylights U-Factor(s) _____

Note: Please leave manufacturing stickers on windows for inspection verification