



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

_____ Zoning District _____
 No _____ Street _____

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:

<p>A. TYPE OF IMPROVEMENT</p> <p><input type="checkbox"/> New Building</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Alteration</p> <p><input type="checkbox"/> Repair, Replacement</p> <p><input type="checkbox"/> Wrecking, Demolition</p>	<p>B. PROPOSED USE - Residential</p> <p><input type="checkbox"/> One Family/Two family</p> <p><input type="checkbox"/> Multi family-# of units _____</p> <p><input type="checkbox"/> Hotel, Motel or Dormitory Enter Number of units _____</p> <p><input type="checkbox"/> Accessory Building</p> <p><input type="checkbox"/> Recreation</p> <p><input type="checkbox"/> Other-Specify _____</p>	<p>Non-Residential</p> <p><input type="checkbox"/> Theater, Assembly, Religious</p> <p><input type="checkbox"/> Hospital, Institutional</p> <p><input type="checkbox"/> Office, Bank, Professional</p> <p><input type="checkbox"/> Restaurant</p> <p><input type="checkbox"/> Library, Other Educational</p> <p><input type="checkbox"/> Stores, Mercantile</p> <p><input type="checkbox"/> Other-Specify _____</p>
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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 LESSEE Name _____ Phone _____
 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

PLEASE INCLUDE THIS FORM WITH YOUR COMPLETED APPLICATION

**IF YOU DO NOT HAVE ALL OF THE FOLLOWING INFORMATION,
THIS APPLICATION PACKAGE IS INCOMPLETE AND MAY NOT BE ACCEPTED**

**MOST projects require Health Department review. Please discuss your scope of work with
Health prior to submitting application.**

For BOH use only:

Needs approval

Does not need approval

- 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 LIABILITY INSURANCE**
- PERMIT FEE** – \$12 per \$1000 of Total Cost of Construction for the majority of applications, for new construction and commercial work its \$15 per \$1000 of Total Cost of Construction.

IF APPLICABLE:

- 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.



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

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

Mike Crisafulli
BUILDING COMMISSIONER

**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.

Construction Site Address

Name and Location of Solid Waste Disposal Facility

Signature of Permit Applicant

Date:

ASBESTOS ABATEMENT INFORMATION AFFIDAVIT (if applicable)

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

c



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

*** PLEASE SEE REVERSE SIDE FOR MANDATORY IECC 2009 REQUIREMENTS***