



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

## **\*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 3<sup>rd</sup> 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.]<sup>†</sup>
- 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.<sup>‡</sup>
- 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.

<sup>†</sup> Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

<sup>‡</sup> 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  
 FAX: (508)358-3606

Mike Crisafulli  
 BUILDING COMMISSIONER

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:

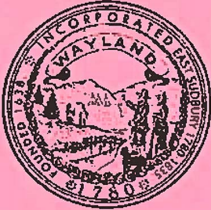
I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
 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**

Mike Crisafulli  
BUILDING COMMISSIONER

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

**CONSTRUCTION SUPERVISOR LICENSE EXEMPTION FOR HOMEOWNERS**

Date: \_\_\_\_\_

(Please Print)  
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:** \_\_\_\_\_



**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**