

# T O W N O F O A K B L U F F S

## BUILDING PERMIT APPLICATION

P.O. BOX 1327, Oak Bluffs, MA 02557

BLDG. DEPT: (508) 693-3554 X 121, 122, 123

FAX: (508) 693-5375

Fee \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Application #

Permit #

This information is **REQUIRED** before application will be accepted for processing

MAP - & - PARCEL

ZONE \_\_\_\_\_

ASSESSOR

Owners Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Address \_\_\_\_\_ Contact Person/Phone \_\_\_\_\_

**A Pre-Pour Electrical Bonding Inspection Is Required! Please ask before you pour concrete.**

### **DESCRIPTION OF WORK** (Check all that apply)

<b>New Construction</b>	<b>Existing Building</b>	<b>Accessory Building</b>	<b>Demolition</b>
S.F.D. _____	Repair _____	Garage _____	Residential _____
M.F.D _____	Alteration _____	Shed _____ Size _____	Commercial _____
Commercial _____	Addition _____	Other _____	Other _____
Gross Sq.Ft. of New Construction / Renovated Area _____			

**DATES RECEIVED:**

**Application Processing Fee or Permit Fee must be Paid Prior to Application Review & Processing.**

**PROJECT SITE MUST BE CLEARLY IDENTIFIED WITH MAP & LOT NUMBERS VISIBLE AND READABLE FROM THE STREET**

**Application for a Building Permit Requires You to Seek Approvals From the Following:**  
(Sign-off forms attached).

**APPLICANT CHECK LIST:** ↓ *Please check off as you build your permit package.*

1.        ***All forms for building permit application. Application MUST be complete.***
2.        *Conservation Commission\**        / *Assessor's Office\**        / *Tax Collector\**
3.        *Oak Bluffs Water District \**
4.        *Approved wastewater permit \*\* (if applicable)*
5.        *Cottage City Historic District\*\**
6.        *Board of Health\*\* approval (the Health Agent must sign off)*
7.        *\*Building Plans, 2 sets, including: Site Plan/ Plot Plan (all applications), all setbacks, structures & septic locations. Be prepared to supply additional sets requested by other agencies.*
8.        *Approval or sign off by any agency referenced, where applicable. Any appeal periods must be expired and approvals must reflect that. If individual approvals are required to be filed at the Registry of Deeds, a stamped copy from the Registry must be submitted to the Building/Zoning Department prior to permit issuance.*

**\*Required      \*\*If Applicable**

**NOTES:**

# PLEASE READ THE FOLLOWING INSTRUCTIONS TO ENSURE A MORE EXPEDITIOUS APPROVAL OF YOUR BUILDING PERMIT

- All forms must be completed before final approval by the Building Official.
- You will need to get the following signed off by the offices as indicated.

## **Assessors Office** (will complete)

MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Legal 911 Address \_\_\_\_\_

Signature of Assessor/Assistant \_\_\_\_\_ Date \_\_\_\_\_

## **Tax Collectors Office** (Please sign off if in compliance with tax payments)

Signature of Tax Collector/Assistant \_\_\_\_\_ Date \_\_\_\_\_

***You will need to complete all the above regardless of the type of building permit you are requesting.  
Application will not be processed if this form is not complete.***

## **Board of Health** (508) 693-3554 x 116 x 115 Fax (508) 693-6280

**ALL PERMITS MUST BE ACCOMPANIED BY A PLOT PLAN (Showing setbacks) AND TWO COMPLETE SETS OF BUILDING PLANS.**

### **SEPTIC APPROVAL**

### **MUST BE FILLED OUT BY APPLICANT:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Map \_\_\_\_\_ Parcel \_\_\_\_\_ Name & Address of Contact Person: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE (FOR HEALTH AGENT ONLY)**

### **Septic System:**

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Board of Health Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## PLEASE READ THE FOLLOWING INSTRUCTIONS TO ENSURE A MORE EXPEDITIOUS APPROVAL OF YOUR BUILDING PERMIT

- All forms must be completed before final approval by the Building Official
- You will need to get the following signed off by the offices as noted.
- ALL PERMITS MUST BE ACCOMPANIED BY A PLOT PLAN, (Showing setbacks), BUILDING PLANS, WETLANDS AND FLOOD ZONE, (100 Flood Plan)

### **Conservation Commission**

MAP\_\_\_\_\_ PARCEL\_\_\_\_\_

Address of Proposed Construction\_\_\_\_\_

Contact Person\_\_\_\_\_Phones: Hm\_\_\_\_\_Cell\_\_\_\_\_

Not in Con.Com Jurisdiction\_\_\_\_\_ Requires Con. Com. Permit\_\_\_\_\_ Gen. Maintenance Approved\_\_\_\_\_

Approved by:\_\_\_\_\_ Date\_\_\_\_\_

### **Oak Bluffs Waste Water**

MAP\_\_\_\_\_ PARCEL\_\_\_\_\_

Address of Proposed Construction\_\_\_\_\_

Contact Person\_\_\_\_\_Phones: Hm\_\_\_\_\_Cell\_\_\_\_\_

Approved as Submitted\_\_\_\_\_ Denied\_\_\_\_\_ Requires further Review\_\_\_\_\_ Documents Attached\_\_\_\_\_

Approved by:\_\_\_\_\_ Date\_\_\_\_\_

### **Oak Bluffs Water District**

MAP\_\_\_\_\_ PARCEL\_\_\_\_\_

Address of Proposed Construction\_\_\_\_\_

Contact Person\_\_\_\_\_Phones: Hm\_\_\_\_\_Cell\_\_\_\_\_

Approved as Submitted\_\_\_\_\_ Denied\_\_\_\_\_ Requires further Review\_\_\_\_\_ Documents Attached\_\_\_\_\_

Approved by:\_\_\_\_\_ Date\_\_\_\_\_

# ZONING BOARD OF APPEALS

## Questions of Interest and Concern That May Effect Your Project Please Answer to The Best of Your Knowledge.

Map\_\_\_\_\_ Parcel\_\_\_\_\_ Address\_\_\_\_\_

Has the project property ever received or been denied a Variance or Special Permit from the Zoning Board of Appeals or the Planning Board? Y\_\_\_\_ N\_\_\_\_ When\_\_\_\_\_

### IS THE PROPOSED DEVELOPMENT / CONSTRUCTION:

- Within a district of Critical Planning Concern? Y\_\_\_\_ N\_\_\_\_
- Within 200 feet of a Wetland? Y\_\_\_\_ N\_\_\_\_
- Within the Road Side District? Y\_\_\_\_ N\_\_\_\_
- Within the Copeland or Historic District? Y\_\_\_\_ N\_\_\_\_ Exterior or Architectural changes? Y N
- A Development of Regional Impact? Y\_\_\_\_ N\_\_\_\_
- Has been a subject to a Development of Regional Impact? Y\_\_\_\_ N\_\_\_\_

I have answered the above questions to the best of my knowledge:

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

PLEASE PRINT

SIGNATURE:\_\_\_\_\_ DATE:\_\_\_\_\_

COMMENTARY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CONSTRUCTION DETAILS

**This Form Must Be Completed Regardless of Plans Submitted**

## **FOUNDATION:**

Material: \_\_\_\_\_ Height: (from top of footing) \_\_\_\_\_' \_\_\_\_\_" Thickness: \_\_\_\_\_"  
Footing Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Top of footing below grade: \_\_\_\_\_' \_\_\_\_\_" Slab Thickness \_\_\_\_\_"  
Crawl Space: Height \_\_\_\_\_' \_\_\_\_\_" Top of footing below grade \_\_\_\_\_' \_\_\_\_\_" Slab Thickness \_\_\_\_\_"

**Refer to Ma. State Building Code 780 CMR 3604.10 Foundation Bolt Requirements. THEY MUST COMPLY**

## **FLOOR FRAME:**

**Girders:** *Steel Beams, Main Support Beams, LVLs, etc. used for support of live loads, **Must** be sized and specified by a Registered Architect, Structural Engineer and/or other qualified person approved by the Building Commissioner and specifications attached to this application.*

**Sills:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Single: \_\_\_\_\_ Double: \_\_\_\_\_ 780 CMR for bolt requirements.

**Joists:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Spacing OC: \_\_\_\_\_" Longest Span: \_\_\_\_\_' \_\_\_\_\_"

## **WALL FRAME:**

**Plates:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Single: \_\_\_\_\_ T/B Double: \_\_\_\_\_ T/B

**Studs:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Spacing OC: \_\_\_\_\_" Wall Height: \_\_\_\_\_

**Sheathing:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ **Refer: 780 CMR for nailing requirements.**

*Please Check Code Requirements for Blocking 780 CMR Ma. State Building Code*

## **CEILING JOISTS / COLLAR TIES / ROOF FRAMING:**

### **Joists/Collar Ties:**

Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Spacing OC: \_\_\_\_\_" Longest Span: \_\_\_\_\_' \_\_\_\_\_"

**Rafters:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Spacing OC: \_\_\_\_\_" Longest Span: \_\_\_\_\_' \_\_\_\_\_"

**Ridge:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Longest Span: \_\_\_\_\_' \_\_\_\_\_" Truss ? Y N

**Sheathing:** Material: \_\_\_\_\_ Size: \_\_\_\_\_ **Refer: 780 CMR for nailing requirements.**

**Weather Proofing of Exterior Walls / Roof:** Describe \_\_\_\_\_

The Commonwealth of Massachusetts State Board of Building Regulations and Standards  
Massachusetts State Building Code 780 CMR Referenced on This Form

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

**This Section for Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/Inspector of Buildings Date

**Section I - SITE INFORMATION THIS FORM MUST BE COMPLETE !!! 2 PAGES**

1.1 Property Address: \_\_\_\_\_ 1.2 Assessors Map & Parcel Number: \_\_\_\_\_  
M P

1.3 Zoning Information 1.4 Property Dimensions  
Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_ Lot Area (SF) \_\_\_\_\_ Frontage (LF) \_\_\_\_\_

1.6 Building Setbacks (LF)  
Front Yard Side Yards Rear Yard  
Required Provided Required Provided Required Provided  
| | | | | |

1.7 Water Supply (M.G.L. c. 40 s 54) 1.5 Flood Zone Information 1.8 Sewage Disposal System  
Public \_\_\_\_\_ Private \_\_\_\_\_ ][ Zone: \_\_\_\_\_ Outside Flood Zone \_\_\_\_\_ ][ Municipal \_\_\_\_\_ On site Septic System \_\_\_\_\_

**SECTION 2-Property Ownership/Authorized Agent**

2.1 Owner of Record:  
Name \_\_\_\_\_ (PRINT) Address \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

2.2 Authorized Agent  
Name \_\_\_\_\_ (PRINT) Address \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3 – CONSTRUCTION SERVICES**

3.1 Licensed Construction Supervisor Required for all New Construction  
Name \_\_\_\_\_ License Number \_\_\_\_\_ Expires \_\_\_\_\_  
(PRINT)  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_

3.2 Registered Home Improvement Contractor Required for all Work on Occupied Dwellings  
Company Name \_\_\_\_\_ Registration # \_\_\_\_\_ Expires \_\_\_\_\_  
(PRINT)  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_

The Commonwealth of Massachusetts State Board of Building Regulations and Standards  
Massachusetts State Building Code 780 CMR Referenced on This Form

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING  
OR COMMERCIAL BUILDING:

**DESCRIPTION OF WORK** (Check all that apply)

New Construction	Existing Building	Accessory Building	Demolition
S.F.D. _____	Repair _____	Garage _____	Residential _____
M.F.D _____	Alteration _____	Shed _____ Size _____	Commercial _____
Commercial _____	Addition _____	Other _____	Other _____

Brief Description of Proposed Construction PRINT CLEARLY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Exist. Bedrooms \_\_\_\_\_ New Bedrooms \_\_\_\_\_ Gross Sq. Ft. of New Construction / Renovated Area \_\_\_\_\_

**ESTIMATED CONSTRUCTION COSTS**

Estimated costs in Dollars Please complete All

**For Municipality Use**

Foundation _____	_____
Building: _____ (Water tight Frame) _____	_____
Electrical _____	_____
Plumbing _____	_____
Mechanicals _____ (HVAC) _____	_____
Total (Add all above) →	_____

Total Square Feet: _____
Minimum Building Permit Fee: _____
Calculations: _____
_____
Total Permit Fee _____
Check # _____

**OWNER AUTHORIZATION** *TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT*

I, \_\_\_\_\_, as owner of the subject property hereby authorize  
(PRINT)  
\_\_\_\_\_ to act on my behalf in all matters relative to the  
(PRINT)  
proposed work described and applied for on this application.

Signature of Owner (PRINT) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**OWNER / AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_ as Owner Authorized Agent hereby declare that the  
statements and information on the foregoing permit application are True and Accurate to the best of my  
knowledge and belief.  
Signed under pains and penalties of perjury. \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



TOWN OF OAK BLUFFS DEPARTMENT OF BUILDING INSPECTION  
AND ZONING ENFORCMENT

**HOMEOWNER LICENSE EXEMPTION**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE PRINT

JOB LOCATION \_\_\_\_\_

\*OWNERS NAME \_\_\_\_\_ Phones: Hm \_\_\_\_\_ Cell \_\_\_\_\_

ADDRESS \_\_\_\_\_

WILL YOU BE SUPERVISING CONSTRUCTION OF YOUR PROJECT:    Y\_\_\_\_ N\_\_\_\_

WILL YOU BE AVAILABLE FOR REQUIRED INSPECTIONS:    Y\_\_\_\_ N\_\_\_\_

**THE CURRENT EXEMPTION FOR “HOMEOWNER” WAS EXTENDED TO INCLUDE OWNER-OCCUPIED DWELLINGS OF TWO UNITS OR LESS TO ALLOW SUCH HOMEOWNERS TO ENGAGE AN INDIVIDUAL FOR HIRE WHO DOES NOT POSSESS A LICENSE PROVIDED THAT THE OWNER ACT AS SUPERVISOR.**

**\*DEFINITION OF A HOMEOWNER**

*You Must Meet These Requirements to Qualify*

Person(s) who own 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 structures. A person who constructs more than one home in a two (2) year period shall not be considered a homeowner. Such homeowner shall submit to the Building Official on a form acceptable to the Building Official that he shall be responsible for all such work performed under the building permit. The undersigned homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, by-laws, rules and regulations.

*The undersigned homeowner certifies that he/she understands the Town of Oak Bluffs Building Department inspection procedures and that he/she will comply with said procedures.*

HOMEOWNER’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

BUILDING OFFICIAL APPROVAL \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Jerry Wiener Building Commissioner

TOWN OF OAK BLUFFS DEPARTMENT OF BUILDING INSPECTION  
AND ZONING ENFORCEMENT

**HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT**

**PLEASE READ CAREFULLY, THIS IS A LEGAL DOCUMENT**

*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 structures which are adjacent to such residence or building” be done by registered contractors, with certain exemptions, along with other requirements.*

PLEASE PRINT

DESCRIPTION OF WORK \_\_\_\_\_

ESTIMATED COST \_\_\_\_\_

ADDRESS OF WORK \_\_\_\_\_

OWNER’S NAME \_\_\_\_\_

DATE OF PERMIT APPLICATION \_\_\_\_\_

I hereby certify that registration is not required for the following reasons:

Work Excluded by Law \_\_\_ Job Under \$1,000.00 \_\_\_ Not Owner-Occupied \_\_\_ Owner Pulling Own Permit \_\_\_

Other, Explain \_\_\_\_\_

**Notice Is Hereby Given To:**

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 the penalties of perjury, I hereby apply for a permit as the agent of the owner:*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contractor Name: \_\_\_\_\_ Registration Number \_\_\_\_\_

OR:

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Official Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jerry Wiener Building Commissioner

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS  
800 WASHINGTON STREET, BOSTON, MA 02111

**WORKERS COMPENSATION INSURANCE AFFIDAVIT**

**Liability Insurance Certificate Must be on File in The Building Department**

PLEASE PRINT CLEARLY

I \_\_\_\_\_  
(NAME)  
with a principal place of business/residence \_\_\_\_\_  
do hereby certify, under the penalties of perjury that:

\_\_\_\_\_ I am an employer providing the following workers compensation coverage.

\_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ I am sole proprietor and have no one working for me.

**I am a:** Sole Proprietor \_\_\_\_ General Contractor \_\_\_\_ Homeowner \_\_\_\_, and have hired the contractors listed below who have the following workers compensation insurance policies:

\_\_\_\_\_ Name of Contractor Insurance Company/Policy Number \_\_\_\_\_

\_\_\_\_\_ Name of Contractor Insurance Company/Policy Number \_\_\_\_\_

\_\_\_\_\_ Name of Contractor Insurance Company/Policy Number \_\_\_\_\_

**I Am A Homeowner Performing All The Work Myself.** \_\_\_\_\_

**NOTE:** Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides on or the grounds appurtenant thereto are not generally considered to be employees under the Workers Compensation Act (GLC, 152, section 1(5)).

**Application by homeowner for a license or permit may evidence the legal status of an employer under the Workers Compensation Act.** I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A or MGL 152 can lead to the imposition of criminal penalties consisting of a fine up to \$1,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

*Signed under the penalties of perjury, I hereby apply for a permit as owner:*

**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_\_

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUILDING OFFICIAL APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Jerry Wiener Building Commissioner

TOWN OF OAK BLUFFS DEPARTMENT OF BUILDING INSPECTION  
AND ZONING ENFORCMENT

**AFFIDAVIT**

As a result of the provisions of MGL c 40, Section 54, I acknowledge that as a condition of an approved Building Permit 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 MGL c 111, Section 150A and further certify that I will notify the Building Official within seven days of the location of the solid waste disposal facility where debris resulting from said construction activity shall be disposed of, and I shall submit the appropriate form for the attachment to the Building Permit.

Name of Applicant: \_\_\_\_\_ Phones: HM \_\_\_\_\_ CELL \_\_\_\_\_  
(PLEASE PRINT)

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name of Solid Waste Disposal Facility                      Address

**BUILDING OFFICIAL APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

Jerry Wiener Building Commissioner