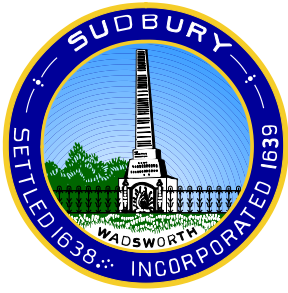


**BUILDING PERMIT APPLICATION:**

Property Street Address \_\_\_\_\_ Lot No. \_\_\_\_\_  
(if new house)



Fill out items 1-13 and refer to the attached descriptions. Do not leave any blank lines.

If not applicable, write NA.

- 1) Driveway Permit No. \_\_\_\_\_
- 2) Bd. of Health Per. No. \_\_\_\_\_
- 3) Fire Protection Plan \_\_\_\_\_
- 4) Energy Compl. Report? \_\_\_\_\_
- 5) Wetlands? \_\_\_\_\_
- 6) Demolition: Built prior to 1940? \_\_\_\_\_
- 7) Stormwater Mgmt. Per. No. \_\_\_\_\_
- 8) Historic Dist. or Scenic Rd? \_\_\_\_\_
- 9) Board of Appeals? \_\_\_\_\_
- 10) Est. **Value** of Work \$ \_\_\_\_\_  
**Fee: \$12/1,000 – single family res. - roundup**  
**\$15/1,000 – multi family & com. - roundup**

11) Description of Work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For Office use Only</b>
Date Filed _____
Date Issued _____
By: _____
Permit No.: _____
Permit Fee \$ _____

12) Attach Plot Plan showing existing and proposed work.

Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_

Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_

HIC Registration # \_\_\_\_\_

Owner's Signature (see other side: **Notes 1 & 2**) \_\_\_\_\_

This structure will be constructed under the requirements of  
The Massachusetts State Building Code and the Zoning bylaws  
of the Town of Sudbury. I will notify the Building Department  
when ready for inspections at least 24 hours in advance.

Contractor's Signature \_\_\_\_\_

13) See other side for contractor license information

\*\*\*\*\* FOR OFFICE USE ONLY\*\*\*\*\*

**Required Inspections: Call to schedule 24 hours in advance 978-440-5461**

- |                             |                           |                   |
|-----------------------------|---------------------------|-------------------|
| Bldg Excavation/Steel _____ | Elec. Trench/Ground _____ | Plbg. Ungd. _____ |
| Bldg Foundation _____       | Elec. Meter/Service _____ | Plbg. Rough _____ |
| Bldg Throat _____           | Nstar Auth. No. _____     | Plbg. Final _____ |
| Bldg Rough _____            | Nstar Called _____        | Gas Ungd _____    |
| Bldg Insulation _____       | Rough _____               | Gas Rough _____   |
| Bldg Final _____            | Elec. Final _____         | Gas Final _____   |

**For Certificate of Occupancy on new construction**

- |                         |  |                              |
|-------------------------|--|------------------------------|
| BOH As-Built _____      | Other Documents (Affidavits, ZBA, etc.): _____ | Notify Assessors _____       |
| Final Fire _____        | _____  | Notify Clerk _____           |
| Cert. Plot Plan _____   | _____  | Cert. of Occupancy No. _____ |
| Driveway As-Built _____ | _____  | Issued to: _____             |

1. If this is a new house, or you wish to relocate an existing driveway, obtain a driveway permit from the Engineering Department.
2. If this is a new house, or you are increasing the number of rooms and/or bedrooms, obtain approval from the Board of Health. A septic permit may be required.
3. A fire protection plan is needed for the following: a) construction of a new house; b) if you are increasing the number of bedrooms or substantially altering bedrooms; or c) substantial renovation/addition.
4. All new construction and additions to existing homes require insulation in accordance with an "Energy Compliance Report".
5. If there are wetlands or a river or stream, on or near the property, you may be subject to the Mass. Wetlands Protection Act, Rivers Act, or Sudbury Wetlands Regulations. Consult the Sudbury Conservation Coordinator 978-440-5471.
6. If you intend to demolish any structure or portion of any structure constructed prior to 1940, or if the property is listed in the Old Homes survey of the Sudbury Historic Commission, approval must first be obtained by the Sudbury Historical Commission. For construction dates, consult the Assessor's Office.
7. Stormwater Management Permit may be required by the Planning Board at 978-639-3387 or visit [www.sudbury.ma.us](http://www.sudbury.ma.us) for General Bylaw requirements on stormwater management.
8. Any proposed work in a Historic District must first receive a Certificate of Appropriateness from the Sudbury Historic Districts Commission, 978-639-3387. If this lot is on a Scenic Road, changes cannot be made to stone walls or trees near the roadway without consulting with the Planning Board, 978-639-3387. (see Planning Board - Scenic Roads for a list of specific roads.)
9. If a Zoning Variance or Special Permit is required, provide the Zoning Board of Appeals (ZBA) case number, and a copy of the Board's decision.
10. Value of the work means the estimated market value of the project and the fee is calculated at \$10/1,000 for 1 & 2 family dwellings or \$15/1,000 (or portion thereof) for commercial – Round up to next 1,000. There is a \$40 minimum.
11. When describing the project, list actual names of rooms and spaces added or affected, **not** just "building addition" or "building renovation". Include location of room(s).
12. For projects involving an addition or building footprint change, submit a Plot Plan showing the setback dimensions from adjacent property lines. Plot plans may be available at the Engineering Department 978-440-5421.
13. Attach copies of your current Construction Supervisor's License, Home Improvement Contractor's license, a [Workers' Compensation Insurance Affidavit](#) and a Worker's Comp. Insurance Certificate. We will also require two sets of stamped plans

**Commercial Permits – in addition to the above, the following items may be required:**

- Construction Control Affidavit required if over 35,000 cubic feet.
- Two sets of complete drawings including structural.
- Fire Department review plans and attach copy of their permit.

**Note - In accordance with General Bylaw Art. XX all new construction must have all new utilities placed underground.**

---

**13.1 Licensed Construction Supervisor (CSL)**

_____	License Number _____	Expiration Date _____
_____	List CSL Type (see below) _____	
Name of CSL- Holder _____	Type	Description
_____	U	Unrestricted (up to 35,000 Cu. Ft.)
Address _____	R	Restricted 1&2 Family Dwelling
_____	M	Masonry Only
Signature _____	RC	Residential Roofing Covering
_____	WS	Residential Window and Siding
Telephone _____	SF	Residential Solid Fuel Burning Appliance Installation
	D	Residential Demolition

**13.2 Registered Home Improvement Contractor (HIC)<sup>2</sup>**

_____	Registration Number _____
HIC Company Name or HIC Registrant Name _____	
_____	Expiration Date _____
Address _____	
Signature _____	Telephone _____

**WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
  2. Has a contract been signed in accordance with HIC requirements? Homeowner Initial: \_\_\_\_\_
  3. Two sets of complete drawings required including structural information. Homeowner Initial: \_\_\_\_\_
  4. Construction Control Affidavits required if structure is more than 35,000 cubic feet
  5. Fire Department must review all commercial projects prior to submission of building permit.
  6. **Per General Bylaw Art. XX for all new construction, all new utilities must be placed underground.**
- 

Contact the Building Department at 978-440-5461 if you have any questions.

Office Hours  
275 Old Lancaster Road

Monday-Friday  
8:00 a.m.-3:00 p.m.



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 #: \_\_\_\_\_