



# Town of Milford

52 Main Street

Milford, MA 01757

Massachusetts State Building Code (780 CMR)

## Building Permit Application to Construct, Repair, Renovate or Demolish any One- or Two-Family Dwelling

### Code and Other Requirements for Building Permits

The Massachusetts Department of Public Safety has issued building permit application forms so that municipalities across the state can move toward use of a single permit form and consistent permit application process. The Town of Milford uses a slightly modified version of the State application. The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems.

### Filing Instructions

1. Print the application, fill in completely and then submit to the Department of Inspections at 52 Main St., Milford, MA 01757.
2. **Effective April 1, 2012 all construction documents larger than 8 ½ x 14 must be submitted in electronic format.**
3. All applications shall be considered complete and will be reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
4. Please include a check for the Building Permit fee. The fee may be calculated using the information to be supplied in section 12 of the Building Permit Application. The check is to be made payable to the Town of Milford.
5. The Town of Milford does require submittal of a **certified plot plan** as required by 780 CMR 107.2.5, prepared by a registered Massachusetts Land Surveyor or Civil Engineer for: New construction; any project with vertical or horizontal additions; and any new or replacement deck/ stairs/ porches even if structure size will be reduced in the instance of replacement.
6. Applicant must provide a Certificate of Insurance for General Liability and Worker's Compensation listing Town of Milford as certificate holder. (This must only be provided once prior to expiration of certificate.)
7. A Homeowner (as defined by 780 CMR 110.R5) performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 110.R5, provided that if a homeowner engages a person(s) for hire to do such work, then such homeowner shall act as supervisor.

**Note:** Any Licensed Construction Supervisor who contracts to do work for a homeowner shall be responsible for performing said work in accordance with 780 CMR and manufacture's recommendations, as applicable, whether or not the licensed contractor secured the permit for said work.

8. **Upon issuance of Building Permit, it is the responsibility of the Permit holder to schedule all required inspections, and to apply for and obtain a Certificate of Zoning Compliance and Certificate of Occupancy (if applicable) upon completion of the project and prior to occupying or continuing to occupy the structure.**
9. **Applications will be examined within a reasonable time after filing. Due to heavy volume, this time may average 2 weeks, and may be delayed by incomplete submittals.**

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I have read and understand the above instructions  
(Signature)

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Print Name



# Town of Milford

Massachusetts State Building Code, 780 CMR

## Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
Revised Mar 2011

### This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 1: SITE INFORMATION

#### 1.1 Property Address:

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

#### 1.2 Assessors Map & Parcel Numbers

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

#### 1.3 Zoning Information:

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

#### 1.4 Property Dimensions:

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

#### 1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

#### 1.6 Water Supply: (M.G.L c. 40, §54)

Public  Private

#### 1.7 Flood Zone Information:

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes

#### 1.8 Sewage Disposal System:

Municipal  On site disposal system

### SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

#### 2.1 Owner<sup>1</sup> of Record:

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

<p><b>5.1 Construction Supervisor License (CSL)</b></p> <p>_____</p> <p>Name of CSL Holder (Or homeowner if owner applying)</p> <p>_____</p> <p>No. and Street</p> <p>_____</p> <p>City/Town, State, ZIP</p> <p>_____</p> <p>_____</p> <p>Telephone _____ Email address _____</p>	<p>License Number _____ Expiration Date _____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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<p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name</p> <p>_____</p> <p>No. and Street</p> <p>_____</p> <p>City/Town, State, ZIP _____ Telephone _____</p>	<p>HIC Registration Number _____ Expiration Date _____</p> <p>_____</p> <p>Email address _____</p>
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**SECTION 6: 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.

Signed Affidavit Attached?    Yes .....                       No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name & Signature 780 CMR R105.3 (6.) \_\_\_\_\_ Date \_\_\_\_\_

**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 can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)
2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	
3. "Total Project Square Footage" may be substituted for "Total Project Cost"