

Town of Sandwich

The Oldest Town on Cape Cod



Building Department Inspections

16 Jan Sebastian Drive

Sandwich, MA 02563

508-888-4200

Fax 508-833-0018

COMMERCIAL BUILDING PERMIT APPLICATION CHECKLIST

SUBMISSION MUST BE COMPLETED IN ITS ENTIRETY, ALONG WITH THIS CHECKLIST AND ALL REQUIRED CONSTRUCTION DOCUMENTATION INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED

Plan Review Fee:

_____ \$50.00 payable to the Town of Sandwich

Scaled Plot Plan to include: (2 Sets)

- _____ 2' Contours
- _____ All existing structures
- _____ All septic components
- _____ All proposed work
- _____ All setbacks from property lines

Detailed Code Narrative:

_____ by Construction Supervisor, Architect or other Registered Design Professional

Legible SCALED Drawings [IBC 107.1-107.2] (2 Sets) to include:

- _____ Floor plans or plan view fully dimensioned
- _____ Cross section w/materials & detail
- _____ Elevations w/materials & detail
- _____ Foundation and footing plan w/materials & detail
- _____ Framing plans: Stair, floor, wall, ceiling, roof with schedules for fastening for 115 mph Exp. B per WFCM (if applicable)
- _____ Beams & Headers to be accompanied by calculations (if not shown in 780 CMR Tables). Steel must be stamped by a Structural Engineer. FOR ALL OPENINGS

Construction Control Documents [IBC 107.6]: (if applicable)

_____ Initial Construction Control forms signed and stamped by each Registered Design Professional

Fire Protection: [IBC 901.2.1] (if applicable)

- _____ Tier One (minimum submission)
- _____ Tier Two (Shop Drawings) if available

Energy information required with plans

- _____ R-value & type of insulation in walls, floors, and ceilings
- _____ U-factors of windows and doors
- _____ Type of heating & hot water system and fuel source
- _____ Air Conditioning System
- _____ COMcheck
- _____ Air Leakage [IECC C402.4.1.2]
 - _____ Visual or _____ Test

_____ **Copy of Workers Compensation Certificate per Insurance Affidavit**

IF CONTRACTOR IS APPLYING FOR PERMIT

_____ **Copies of Contractor's License (CSL)**

IF PROPOSED PROJECT IS A NEW HOME PLEASE SEE BOTTOM OF PAGE 2 OF CHECKLIST FOR ADDITIONAL REQUIREMENTS

All Departmental Approvals (if applicable)

Fire Department (527 CMR §34.03 – On-Site Dumpster

_____ Express Permit - \$50.00 fee (issued through the Building Department)

Historic District Committee

_____ 1 copy of the approved Certificate of Appropriateness/Certificate of Exemption (mailed to applicant w/in 5 business days of approval)

_____ 1 set of elevation plans (if applicable), stamped approved, by the Historic Committee (obtained from meeting)

Conservation Commission

_____ 1 copy of the Order of Conditions (OOC), Determination or Administrative Review

_____ 1 copy of the Order of Conditions recording slip (if applicable)

_____ 1 original, stamped approved, of each plan approved by the Commission (see page 10A of the OOC for a list of approved plans)

Board of Health

_____ Septic Permit Application completed by a licensed installer

_____ Plot plan (2 sets)

Planning Board/Board of Appeals

_____ 1 copy of the Recorded Special Permit

ADDITIONAL REQUIREMENTS FOR NEW BUILDINGS

Below requirements must be submitted along with Building Permit Application

Board of Health

_____ Septic Permit Application completed by a licensed installer

_____ Plot plan (2 sets)

_____ Fee (\$100.00) payable to the Town of Sandwich

Engineering

_____ Completed Curb Cut/Driveway application

_____ Plot plan (1 set)

_____ Fee (\$25.00) payable to the Town of Sandwich

Water/Well

_____ If Town Water

Letter from Sandwich Water District

_____ If Well

Certificate of Analysis

PERMIT WILL BE ISSUED AS SOON AS PRACTICABLE; DEPENDING ON ACCURACY AND DETAIL OF SUBMISSION PACKAGE AS OUTLINED ABOVE.



COMMERCIAL BUILDING PERMIT APPLICATION

Submission Date: _____ Permit #: _____

Project Address: _____ Map: _____ Lot: _____

Project Description (Include ALL dimensions): _____

Type of heat: (check one) FHW FHA Electric Radiant None

How is Heat Fired: _____ Air Conditioning: _____ (y/n)

Debris, if applicable, will be disposed at: Location _____ or on-site dumpster _____

Estimated Cost of Project: _____

OWNER

BUSINESS NAME: _____

CONTACT NAME: _____ TEL. NO: _____

ADDRESS: _____
 Street Town State Zip

CONTRACTOR (Info needed ONLY if Contractor applying for permit)

COMPANY NAME: _____

CONTACT NAME: _____ TEL. NO: _____

ADDRESS: _____
 Street Town State Zip

CS License # _____ HIC License # _____

COPIES OF ALL LICENSES REQUIRED AT SUBMISSION

Workers Comp. Ins.: Yes _____ No _____

COPY OF WORKERS' COMPENSATION INSURANCE CERTIFICATE (IF APPLICABLE)

DEPARTMENTAL INFORMATION

BOARD OF HEALTH: Applicable? _____ (if yes):

Title 5 Inspection _____ Repair/Upgrade _____ Permit # _____ Water Resource District _____

CONSERVATION: Applicable? _____ (if yes):

Reviewed with NRO? _____ Administrative Review _____ RDA _____ OOC _____ Permit # _____

HISTORIC: Applicable? _____ (if yes):

Exempt. _____ COA _____ Expiration _____ Permit # _____

ENGINEERING: Applicable? _____ (if yes): Agent: _____

Date _____ Map _____ Lot _____ Street _____

PLANNING/APPEALS: Applicable? _____ (if yes):

Lot Covenant Released: _____ Comp. Permit Condition Satisfied _____ Special Permit Conditions Satisfied: _____

I hereby acknowledge that I have read this application and state that it is correct and agree to comply with all TOWN ORDINANCES and STATE LAWS regulating building construction.

SIGN HERE: _____ PRINT HERE: _____



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 1)

Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work: _____

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub A-3 A-4 A-5 B: Business E: Educational
 F: Factory F-1 F2 H: High Hazard H-1 H-2 H-3 H-4 H-5
 I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4
 S: Storage S-1 S-2 U: Utility Special Use and please describe below:

Special Use: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way: Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	Hazards to Air Navigation: Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	MA Historic Commission Review Process: Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) _____ No. and Street _____ City/Town _____ Zip _____

Property Owner Contact Information:

Title _____ Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

If applicable, the property owner hereby authorizes

_____ Name _____ Street Address _____ City/Town _____ State _____ Zip _____
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

_____ Name (Registrant) _____	_____ Telephone No. _____	_____ e-mail address _____	_____ Registration Number _____
_____ Street Address _____	_____ City/Town _____	_____ State _____ Zip _____	_____ Discipline _____ Expiration Date _____

10.2 General Contractor

_____ Company Name _____

_____ Name of Person Responsible for Construction _____ License No. and Type if Applicable _____

_____ Street Address _____ City/Town _____ State _____ Zip _____

_____ Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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.

Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____. Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

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.

_____ Please print and sign name _____ Title _____ Telephone No. _____ Date _____

_____ Street Address _____ City/Town _____ State _____ Zip _____

Municipal Inspector to fill out this section upon application approval: _____ Name _____ Date _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: _____



CONSTRUCTION SUPERVISOR ACKNOWLEDGEMENT

Project Location: _____

Construction Supervisor: _____ License Number: _____

Address: _____ City: _____ Phone: _____

Permits are issued in the Town of Sandwich under the following conditions:

Excerpts from 708 CMR, the Massachusetts State Building Code; 110R5, Construction Supervisors follow:

780 CMR 110R5.2.12, On-site Presence of Supervisor: A licensed individual or a licensed designee shall be present on the site at some point to approve construction, reconstruction, alterations, removal or demolition involving the following work:

1. Excavation
2. Foundation (pouring or other)
3. Decking
4. Rough Framing
5. Finished Framing
6. Chimneys
 - a. Excavation/foundation
 - b. At the top of the smoke chamber and support of the flue liner
 - c. When erection of the chimney is completed.

780 CMR 110R5.2.15, Responsibility of Each License Holder:

110R5.15.1, Responsibility of Work: The license holder shall be fully and completely responsible for all work for which he/she is supervising. He/she shall be responsible for seeing that all work is done pursuant to 780 CMR and the drawings as approved by the Building Official.

110R5.2.15.2, Responsibility to Supervise Work: The license holder shall be responsible to supervise the construction, reconstruction, alteration, repair, removal or demolition for the category license held involving any activity regulated by any provision of 780 CMR only pursuant to 780 CMR51 through 99 and all other applicable Laws of the Commonwealth even though he/she, the license holder, is not the permit holder but only a subcontractor or contractor to the permit holder.

110R5.2.15.3, Notification of Violations: The license holder shall immediately notify the building official in writing of the discovery of any violations which are covered by the building permit.

110R5.2.15.4, Willful Violation: Any licensee who shall willfully violate 780 CMR 110R5.2.15.1, 110R5.2.15.2, or 110R5.2.15.3 or any other Sections of 780 CMR 110R5 and any procedures, as amended, shall be subject to revocation or suspension of license by the Committee.

I have read and understand my responsibilities under the rules and regulation for licensing construction supervisors in accordance with 780 CMR 5108.3.5 and 780 CMR 110R5. I understand the construction inspection procedures and the specific inspection called for by the building official. I have read and understand the Tow of Sandwich by-laws and zoning by-laws pertaining to this project and the project site. I will maintain a current copy of 780 CMR and have that with me at all times when working on a project for which I am the licensee. I will abide by all federal, state, local laws pertaining to the construction of this project.

Signed under pains/penalties of perjury

Date

ADDITIONAL INFORMATION REQUIRED WITH DEMOLITION PROJECTS

For the demolition of **structures** the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location: (Please indicate the Map & Lot #s for locations for which a street address is not available)

No. and Street	City/Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified/Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified/Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified/Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CATV Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified/Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (If applicable)	_____		Provider notified/Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The debris will be disposed at what location: _____

**COPIES OF RECEIPTS FROM WASTE FACILITY ARE REQUIRED PRIOR TO
FINAL.**



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention • Air Quality
BWP AQ 06
Notification Prior to Construction or Demolition

Asbestos Project Number _____

A. Applicability

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Instructions:

1. All sections of this form must be completed in order to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.09

2. Submit Original Form To:
Commonwealth of Massachusetts
 P.O. Box 4062
 Boston, MA 02211

A Construction or Demolition operation of an industrial, commercial, or institutional building, or residential building with 20 or more units is regulated by the Department of Environmental Protection (MassDEP), Bureau of Waste Prevention - Air Quality Division, under Regulations 310 CMR 7.09. Notification of Construction or Demolition operations is required under 310 CMR 7.09 (2) ten (10) days prior to any work being performed. The following information is required pursuant to 310 CMR 7.09.

Is this a fee-exempt notification (city, town, district, municipal housing authority, state facility, owner-occupied residential property of four units or less)?

Yes No

Type of Notification: Project Revision Project Cancellation

Blanket Permit Approval, if applicable: _____

Approval ID Number _____

Non-Traditional Asbestos Abatement Work Practice Approval, if applicable: _____

Approval ID Number _____

B. General Project Description

1. Facility Information:

Name of Facility _____ Street Address _____

City/Town _____ State _____ Zip Code _____ Telephone _____

Facility Contact Person _____ Contact Person Title _____

Facility Contact Person Telephone _____ Facility Contact Person Email _____

Facility Size:

Square Feet _____ Number of Floors _____

Was the facility built prior to 1980? Yes No

Describe the current or prior use of the facility:

Is the facility a residential facility? Yes No If yes, how many units? _____ Number

2. Facility Owner:

Facility Owner Name _____ Address _____

City/Town _____ State _____ ZIP Code _____ Telephone _____

On-Site Manager/Owner Representative _____ Address _____

City/Town _____ State _____ ZIP Code _____ Telephone _____



Massachusetts Department of Environmental Protection
 Bureau of Waste Prevention • Air Quality
BWP AQ 06
Notification Prior to Construction or Demolition

B. General Project Description (continued)

3. General Contractor:

Name		Address	
City/Town	State	ZIP Code	Telephone
General Contractor On-Site Manager/Foreman		Telephone	

C. General Construction or Demolition Description

General Statement:

If asbestos is found during a Construction or Demolition operation, all responsible parties must comply with 310 CMR 7.00, 7.09, 7.15, and Chapter 21E of the General Laws of the Commonwealth. This would include, but would not be limited to, filing an asbestos removal notification with the Department and/or a notice of release/threat of release of a hazardous substance to the Department, if applicable.

1. Construction or demolition contractor:

Contractor Name		Address	
City/Town	State	ZIP Code	Telephone
Construction & Demolition On-Site Manager		Telephone	

2. Licensed Contractor Supervisor:

Supervisor Name	License Number
-----------------	----------------

3. Is the entire facility to be demolished? Yes No

4. Describe the area(s) to be demolished:

5. If this is a construction project, describe the building(s) or addition(s) to be constructed:

6. If this is a demolition or renovation project, were the structure(s) surveyed for the presence of Asbestos-Containing Material (ACM)? Yes No

7. Was asbestos containing material (ACM) found? Yes No

If yes, who conducted the survey?

Name	Department of Labor Standards Certification Number
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Massachusetts Department of Environmental Protection
Bureau of Waste Prevention • Air Quality

BWP AQ 06

Notification Prior to Construction or Demolition

C. General Construction or Demolition Description (continued)

The Asbestos Abatement Notification Number for this address is: _____

This project is: Construction Demolition

Project Start Date (MM/DD/YYYY) _____

Project End Date (MM/DD/YYYY) _____

8. For demolition and construction projects, indicate dust suppression techniques to be used

Seeding Wetting Covering Paving Shrouding

Other – Specify: _____

9. For Emergency Demolition Operations, who is the MassDEP official who evaluated the emergency?

Name of MassDEP Official _____

Title of MassDEP Official _____

Date of Authorization (MM/DD/YYYY) _____

MassDEP Waiver Number _____

D. Certification

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. The undersigned hereby states, under the penalties of perjury, that I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

Print Name _____

Authorized Signature _____

Position/Title _____

Representing _____

Date (MM/DD/YYYY) _____

P.E. # _____