

## Town of Princeton

Building Department  
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Princeton, MA 01541

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### Building Permits

#### a). Application for permit:

Refer to 780 CMR, 110.5. "The application for a permit shall be made by the owner of the building or structure. An agent may apply for the permit with written notarized authorization from the owner."

#### b). Required Documentation with Permit:

1. A plot plan showing the location of the proposed construction.
2. Three sets of plans of the proposed construction drawn to scale with sufficient clarity and detail to show the nature of the work to be performed. For new construction and additions this must include floor plans and framing elevations. Windows and door sizes must be included.
3. Completed "Energy Conservation Application Form" (for all heated spaces).
4. Completed "Workers' Compensation Insurance Affidavit", if applicable.
5. Debris disposal form as per M.G.L. Chapter 40, Section 54.
6. Board of Health and Fire Department review and approval is required for all new construction and most residential additions.
7. Conservation Commission approvals are required for any work in the areas governed by the Watershed Protection Act.
8. The MDC must be contacted for any applicable work in the parcels affected by the Watershed Protection Act.
9. Copies of Construction Supervisor and/or Home Improvement Contractor License.
10. Fees will be doubled when construction is started prior to issuance of a permit.
11. Driveway entrance permit fee \$40.00
12. All masonry fireplaces and chimneys will require inspections at intervals during construction.

Note: Licensed Construction Supervisors and Home Improvement Contractors must have and be familiar with a current copy of the State Building Code. "Persons contracting with unregistered contractors do not have access to the guaranty fund (as set for in MGL c142a)."

### Building Inspections:

Refer to the 780 CMR, 115.2

A minimum of 24-hour notice is required for inspections, (please note the office is closed Fridays, Saturdays and Sundays). The inspection will be done within a 48-hour period after the required notification. Building inspections can be scheduled Monday-Thursday between the hours of 8am-4pm by phoning (978)464-2100. Please provide the following information:

1. Name
2. Location of inspection, street and number
3. Type of inspection requested
4. Preferred time for inspection
5. Numbers and times the person requesting inspection can be reached to confirm
6. Any special instructions (i.e. use side door, park near rear, dogs, etc.)

All new buildings, additions and alterations to existing buildings require a minimum of five (5) called inspections, namely:

1. Footings, before pouring; drainpipe, before backfill.
2. Foundation and basement. Walls, when walls are at least two feet high, but before backfilling the wall and before proceeding with the superstructures.
3. Framing prior to lath or finish covering but after fire stopping, electrical, plumbing and mechanical systems are installed.
4. Insulation inspections.
5. **FINAL INSPECTION** when building or structure is completed.

On jobs involving reinforced concrete work, inspection must be made after steel is in place and before concrete is poured.

\*(Please see checklist on the next page)

# BUILDING PERMIT APPLICATION CHECKLIST

## ALL APPLICATIONS

- \_\_\_ 1. Location and Purpose (addition, one family dwelling, etc.)
- \_\_\_ 2. Debris Form per M.G.L. Chapter 40, Section 54
- \_\_\_ 3. Workman's Compensation Affidavit

## NEW CONSTRUCTION, ADDITIONS, ACCESSORY STRUCTURES (garage, sheds, swimming pools, etc.), AND RENOVATIONS

- \_\_\_ 4. Plot Plan  
(Not required for interior renovations – no change in building footprint)
- \_\_\_ 5. DETAILED SCALED DRAWINGS OF PROPOSED CONSTRUCTION  
(Degree of detail necessary may be modified for certain projects)
- \_\_\_ 6. ENERGY FORM  
(Not required for unheated space)
- \_\_\_ 7. FIRE DEPARTMENT REVIEW (Rough inspection required)  
(Not required for detached accessory buildings, swimming pools, decks  
porches, and some minor additions)
- \_\_\_ 8. A. BOARD OF HEALTH APPROVAL (septic and/or well)  
or  
\_\_\_ B. PLAN SHOWING LOCATION OF SEPTIC SYSTEM  
(Required for detached accessory buildings, decks, porches, and minor  
additions to show proper clearance from system components)

## CREATION OR CHANGE OF LOT ACCESS

- \_\_\_ 9. HIGHWAY DEPARTMENT APPROVAL (Driveway Permit)
- \_\_\_ 10. STREET NUMBER

## WORK IN AREA UNDER WATERSHED PROTECTION ACT

- \_\_\_ 11. MDC APPROVAL OR ADVISORY OPINION

## WORK IN AREA UNDER WETLANDS PROTECTION ACT

- \_\_\_ 12. CONSERVATION COMMISSION APPROVAL



# TOWN OF PRINCETON

NAME OF OWNER					DATE	PERMIT #
ADDRESS OF OWNER					TELEPHONE	
LOCATION OF PROPERTY NO.			IF IN A SUBDIVISION - NAME		LOT NO.	
SIDE OF STREET <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST		MAP #	PARCEL #	SIZE OF LOT <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	ZONING	
PURCHASED PROPERTY FROM		DATE	ARE THERE ANY BODIES OF WATER, STREAMS OR SWAMP AREAS ON OR BUTTING LOT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUILDER'S NAME					TELEPHONE	
BUILDER'S ADDRESS					LICENSE #	HIC #
PURPOSE OF NEW BUILDING OR ALTERATION					FLOOR	SQ. FT. AREA
IS THERE PLUMBING, HEATING, ELECTRICAL OR SHEET METAL ASSOCIATED WITH THIS		<input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> SHEET METAL <input type="checkbox"/> NONE				
OVERALL DIMENSIONS OF BUILDING		NO. OF STORIES	NO. OF ROOMS	NO. OF FAMILY UNITS	IS SEWERAGE SYSTEM TO BE: <input type="checkbox"/> CONSTRUCTED <input type="checkbox"/> REPAIRED <input type="checkbox"/> ALTERED	
NO. OF BEDROOMS	NO. OF BATHROOMS	NO. OF LAVATORIES	NO. OF GARBAGE DISPOSAL UNITS	WATER SUPPLY <input type="checkbox"/> TOWN WATER <input type="checkbox"/> NEW WELL <input type="checkbox"/> EXISTING WELL		
TYPE OF CONSTRUCTION		FOUNDATION MATERIAL		TYPE OF HEATING SYSTEM		NO. OF FIREPLACES
GARAGE <input type="checkbox"/> SEPARATE <input type="checkbox"/> ATTACHED <input type="checkbox"/> IN BASEMENT		NO. OF VEHICLES	PERMIT FEE	ESTIMATE OR CONTRACT COST		
APPROVED BY ZONING			DATE	RECEIVED PAYMENT		
APPROVED BY BOARD OF HEALTH			DATE	Applicant agrees to abide by the Rules & Regulations of the Building, Wiring, Gas & Plumbing Inspectors, Board of Health, Zoning of Appeals, Planning Board, Conservation Commission, Highway Department, Board of Selectmen, Fire Chief and all applicable town By-Laws, state, and federal laws. No changes or alterations permitted unless revised plans are submitted & approved.		
APPROVED BY PLANNING BOARD			DATE			
APPROVED BY CONSERVATION COMM			DATE			
APPROVED BY FIRE CHIEF			DATE			
APPROVED BY HIGHWAY DEPARTMENT			DATE	SIGNATURE OF APPLICANT		
APPROVED BY BUILDING INSPECTOR			DATE	X		
APPROVED BY TREASURER/COLLECTOR			DATE	SIGNATURE OF BUILDER		
RESTRICTIONS					USE GROUP:	
					FIRE GRADING:	

**SECTION 5: CONSTRUCTION SERVICES**

<p><b>5.1 Licensed Construction Supervisor (CSL)</b></p> <p>_____</p> <p>Name of CSL- Holder _____</p> <p>Address _____</p> <p>Signature _____</p> <p>Telephone _____</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 (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 Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (up to 35,000 Cu. Ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry Only	RC	Residential Roofing Covering	WS	Residential Window and Siding	SF	Residential Solid Fuel Burning Appliance Installation	D	Residential Demolition
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<p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>HIC Company Name or HIC Registrant Name _____</p> <p>Address _____</p> <p>Signature _____ Telephone _____</p>	<p>Registration Number _____</p> <p>Expiration Date _____</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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

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

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**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. When substantial work is planned, provide the information below:
 

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

**ENERGY CONSERVATION APPLICATION FORM FOR  
LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS  
780 CMR Appendix J**

Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Applicant Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Use Group: \_\_\_\_\_  
 Date of Application: \_\_\_\_\_  
 Applicant Signature: \_\_\_\_\_

Compliance Path (check one):

Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)

Package (A through KK from Table J5.2.1b): \_\_\_\_\_ Heating Degree Days (HDD<sub>65</sub>) from Table J5.2.1a: \_\_\_\_\_

(For items d. through i., fill in all values that apply from Table J5.2.1b:)

- a. Gross Wall Area \_\_\_\_\_ sq.ft.
- b. Glazing Area<sup>1</sup> \_\_\_\_\_ sq.ft.
- c. Glazing % (100 x b ÷ a) \_\_\_\_\_ %
- d. Glazing U-value U- \_\_\_\_\_
- e. Ceiling R-value R- \_\_\_\_\_
- f. Wall R-value R- \_\_\_\_\_
- g. Floor R-value R- \_\_\_\_\_
- h. Basement wall R- \_\_\_\_\_
- i. Slab Perimeter R- \_\_\_\_\_
- j. Heating AFUE \_\_\_\_\_

Component Performance: "Manual Trade-Off" (Limited to wood or metal framed buildings only)

Climate Zone (from Figure J6.2.2) \_\_\_\_\_  Zone 12     Zone 13     Zone 14

Attach Trade-Off Worksheet from Appendix J, [and HVAC Trade-Off Worksheet, if applicable]

MAscheck Software

Attach Compliance Report and Inspection Checklist printouts

Home Energy Rating System Evaluation

Attach Home Energy Rating Certificate (HERS rating score must be 83 or higher)

Systems Analysis    OR     Renewable Energy Sources

Attach Mass Registered Architect or Engineer Analysis

**ALTERNATIVE FOR ADDITIONS ONLY:**

a. Gross Wall + Ceiling Area \_\_\_\_\_ sq.ft.    b. Glazing Area<sup>1</sup> \_\_\_\_\_ sq.ft.    c. Glazing % (100 x b ÷ a) \_\_\_\_\_ %

ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1.1.2.3.1 below:

MAXIMUM U-value	MINIMUM R-Values				
	Ceiling <sup>2</sup>	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39 <sup>3</sup>	R-37	R-13	R-19	R-10	R-10, 4 ft

- 1 Glazing Area may be either Rough Opening or Unit dimensions.
- 2 Based on NFRC listing. Applies either to every unit, or to area-weighted average of all units.
- 3 R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e. - not compressed over exterior walls, and including any access openings.)

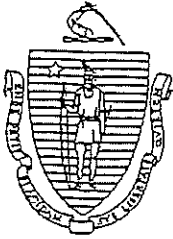
"SUNROOM" addition (greater than 40% glazing-to-wall and ceiling gross area)

Attach "Consumer Information Form" from 780 CMR Appendix B.

Official's Name: \_\_\_\_\_ Official's Signature: \_\_\_\_\_

Application Approved  Denied  Date of Approval/Denial: \_\_\_\_\_

Reason(s) for Denial: (provide additional details as needed on back side)



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

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: 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		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 workers' comp. insurance. 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.]	Type of project (required): 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> Other _____
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\*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 their workers' comp. policy information.

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



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**OFFICE OF THE BUILDING DEPT.**

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**HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT**

I, \_\_\_\_\_ (full legal name), born \_\_\_\_\_  
(month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780CMR 110.R5.1.3.1 in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780CMR 110.R.3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780CMR 110.R5.1.2:

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 home owner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

SIGNED under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature)



In accordance with the provisions of MGL c40,S54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111,S150A.

The debris will be disposed of in:

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(Location of Facility)

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Signature of Permit Applicant

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Date