



# City of Northampton

Massachusetts

DEPARTMENT OF BUILDING INSPECTIONS  
212 Main Street • Municipal Building  
Northampton, MA 01060



## APPLICATION FOR DEMOLITION PERMIT

Attached are the forms required for a Demolition permit. Please fill out all of the attached forms and submit them to the Building Department with the appropriate fee. Please make checks out to the City of Northampton.

Please be advised that disconnect signatures from the following departments must be submitted with the application:

1. Eversource (Gas division)
2. National Grid (Electric division)
3. Northampton Department of Public Works - Water
4. Northampton Department of Public Works – Sewer
5. Northampton Department of Public Works – Storm water Management
6. Northampton Department of Public Works – Tree Warden
7. Northampton Historical Commission Review (if built prior to 1945)

\*Proof of extermination is required to be submitted to the Health Department for all commercial and residential properties. (Extermination may be required at the Health Inspector's discretion if evidence of rodents exists). The approved Health Department paperwork must be submitted with your Building Permit Application.

Other required documents:

- Massachusetts Construction Supervisors License
- Copy of Workers Comp Affidavit
- Asbestos abatement report

A Demolition Permit will not be issued, and no demolition is to commence until **ALL** required documents are submitted to the Building Department.

For further questions or information, please contact this department @ (413) 587-1240

# BUILDING DEPARTMENT DEMOLITION PERMIT SIGN-OFF SHEET

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Building Use: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## UTILITY CUT OFF

(Signature of Authorized Representative of Utility Department required)

*As required by the Massachusetts State Building Code (780 CMR), a permit to demolish shall not be issued until a release from the utilities is obtained, stating that their respective service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner.*

Eversource (Gas) \_\_\_\_\_  
Signature Title

National Grid (Electric) \_\_\_\_\_  
Signature Title

DPW (Water) \_\_\_\_\_  
Signature Title

DPW (Sewer) \_\_\_\_\_  
Signature Title

DPW (Storm water) \_\_\_\_\_  
Signature Title

DPW (Tree Warden) \_\_\_\_\_  
Signature Title

DPW Director \_\_\_\_\_  
Signature Title

Historic Comm. Review \_\_\_\_\_  
Signature Title

Health Department \_\_\_\_\_  
Signature Title

# ASBESTOS REMOVAL

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (MassDEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos containing materials (ACMs), both friable and non-friable, that are present at the site, and whether or not those materials will be impacted by the proposed work, ***prior*** to conducting any renovation or demolition activity.

Examples of commonly found ACMs include, but are not limited to, heating system insulation, floor tile and vinyl sheet flooring, mastics, wallboard, joint compound, decorative plasters, window glazing, asbestos containing siding and roofing materials and fireproofing materials.

Failure to identify and remove all ACMs prior to its being impacted by renovation or demolition activities, can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring costs.

A DOS certified asbestos consultant must be contracted to determine if asbestos is present and whether removal/repair is necessary. If the building is a state owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to inquire if a contractor has any history of violations. Only DoS licensed and DOS certified asbestos abatement contractors and consultants may be hired to perform asbestos related work in Massachusetts.

Received by: \_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# The Commonwealth of Massachusetts

Office of Public Safety and Inspections

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

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_  
Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

### 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 2)

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 Description: \_\_\_\_\_

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

**IA**  **IB**  **IIA**  **IIB**  **IIIA**  **IIIB**  **IV**  **VA**  **VB**

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
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<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>	<a href="#">MA Historic Commission Review Process:</a> 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: \_\_\_\_\_  
Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_  
Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

**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 apply for and 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 1)**

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here**  .  
Otherwise provide [construction control forms](#) (see section 107 in the code) as required.

**10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)**

_____ 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 \_\_\_\_\_ Email Address \_\_\_\_\_

**Municipal Inspector to fill out this section upon application approval:** \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



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## CONSTRUCTION DEBRIS AFFIDAVIT (FOR ALL DEMOLITION AND RENOVATION PROJECTS)

In accordance with the provisions of MGL c 40, S54, a condition of Building Permit Number \_\_\_\_\_ is that all debris resulting from this work shall be disposed of in a properly licensed waste disposal facility, as defined by MGL c 111, S 150A.

The debris will be disposed of in:

Location of Facility: \_\_\_\_\_

The debris will be transported by:

Name of Hauler: \_\_\_\_\_

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



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