

CITY OF FRAMINGHAM  
BUILDING PERMIT APPLICATION REQUIREMENTS

RESIDENTIAL RENOVATIONS/ADDITIONS and NEW BUILDINGS

**Please be advised that the list of items below are required in order to issue a Building Permit. The responsibility to gather and submit this information rests with the Owner, Architect, and General Contractor. Inspectional Services staff will accept the building permit application, plans and documents, this acceptance does not mean that the permit will be approved. The submittal will be given to our Plans Examiner for further review. Failure to submit items from this list shall result in a denial of the Building Permit Application.**

- 1) Completed building permit application.
- 2) Permit fee.
- 3) Workers compensation insurance affidavit & Certificate
- 4) Copies of CSL & HIC if applicable
- 5) Debris removal affidavit.
- 6) D.P.W. Specific Condition Approval letter: Issued for any new or modified utilities (water, sewer, drainage, easement, etc.) and/or Public Way infrastructure work components (sidewalk, roadway, traffic signal, curb cuts, etc.) specifying required Permits, Utility Fees, As-built plan, and Work Scope Condition Points for Developer compliance that will determine DPW processing of Final Occupancy request.
- 7) Site plan: —2 copies
- 8) 2 sets of building plans: - 780 CMR R106.1 ALSO PDF format emailed to [buildingplans@framinghamma.gov](mailto:buildingplans@framinghamma.gov)
- 9) Energy Code Compliance documents: — Stretch Energy Code - 780 CMR N1101.2 (MA amendment)
- 10) Life Safety Features: Smoke, carbon monoxide, and heat detector plans as required in accordance with 780 CMR R313 through R315.4. Fire suppression (if required) 780 CMR R313.
- 11) 2 copies of plans electronic *submission*: Certification that electronic plans [PDF format] submitted to Building and Fire Department 780 CMR 107.1.2.
- 12) Certification of recording *and* copy of variances/special permits if applicable.

***\*Please note that submitted plans are required to be complete, including but not limited to structural and architectural drawings, alarm drawings, and required site work. "Foundation only" residential building permit applications will not be accepted and are not issued by the Town of Framingham***



# City of Framingham, Building & Wire Department

150 Concord Street, Suite 203

Framingham, MA 01702

p. 508-532-5500 f. 508-532-5795



## Building Permit Application To Construct, Repair, Renovate Or Add

### To A One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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

### SECTION 1: SITE INFORMATION

<b>1.1 Property Address:</b> _____		<b>1.2 Assessors Map &amp; Parcel Numbers</b> _____	
1.1a Is this an accepted street? Yes No		Map Number _____	Parcel Number _____
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____	

1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L c. 40, §54) Public Private		<b>1.7 Flood Zone Information:</b> Zone: ____ Outside Flood Zone? Yes No		<b>1.8 Sewage Disposal System:</b> Municipal On site disposal system	
---	--	--	--	---	--

### SECTION 2: PROPERTY OWNERSHIP

**2.1 Owner of Record:**

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

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

### SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

New Construction	Existing Building	Owner-Occupied	Repairs(s)	Alteration(s)	Addition
Demolition	Accessory Bldg.	Number of Units _____	Other	Specify: _____	

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: ESTIMATED CONSTRUCTION COSTS

BUILDING PERMIT FEE WILL BE AMENDED (IF NECESSARY) TO INCLUDE ACTUAL CONSTRUCTION COSTS BEFORE A PERMANENT OCCUPANCY WILL BE ISSUED. SEE FORM A1AG702703.

Item	Estimated Costs: (Labor and Materials)	Official Use Only \$50.00 Minimum	
		(a) Building Permit Fee Multipliers \$15.00/\$1000	
1. Building	\$	(b) Estimated Total Cost of Construction from (6)	
2. Electrical	\$	<b>Building Permit Fee</b> <b>(a) x (b)</b>	
3. Plumbing	\$		
4. Mechanical (HVAC)	\$		
5. Fire Protection	\$	Check Number	
6. Total = (1+2+3+4+5)	\$		

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

\_\_\_\_\_  
Name of CSL Holder

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

List CSL Type (see below) \_\_\_\_\_

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

**5.2 Registered Home Improvement Contractor (HIC)**

\_\_\_\_\_  
HIC Company Name or HIC Registrant Name

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
HIC Registration Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Email address

**NOTES:**

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)

**SECTION 6a: TO BE COMPLETED WHEN  
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I hereby certify that I am the owner's agent / contractor for the property listed above and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Framingham Zoning By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 6b: OWNER DECLARATION**

I hereby certify that I am the owner of record of the property listed above and that all the information above, and plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code, and Town of Framingham Zoning By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

- FFD     
  B.O.H.     
  ZBA     
  FHC  
 CON. COMM.     
  PLAN BD     
  DPW-ENG

DENIAL FOR ZONING BOARD OF APPEALS:

PER SECTION:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BUILDING COMMISSIONER



**CITY OF FRAMINGHAM**  
**Inspectional Services Division**  
**Department of Building Inspection**

Memorial Building, Room 203  
150 Concord Street  
Framingham, Massachusetts 01702-8368

Michael T. Tusino, C.B.O.  
Building Commissioner

Telephone

508-532-5500

**DEBRIS AFFIDAVIT**

JOBSITE LOCATION: \_\_\_\_\_

In accordance with the provisions of MGL c 40, s 54, a condition of Building Permit Number \_\_\_\_\_ is that debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, 2 150A.

The debris will be disposed of in:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CITY OF FRAMINGHAM APPLICATION  
FOR BUILDING PERMIT TREASURER/  
COLLECTOR**

**Applicant:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

---

**THIS PORTION FOR OFFICE USE ONLY**

<b>Dept.</b>	<b>Status</b>		<b>Delinquent for:</b>	
	<b>Unpaid</b>	<b>Past Due</b>	<b>Owner</b>	<b>Applicant</b>
<b>Real Estate</b>	_____	_____	_____	_____
<b>Personal Property</b>	_____	_____	_____	_____
<b>Utility Billing</b>	_____	_____	_____	_____

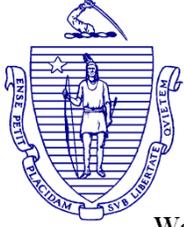
**HAS THIS BUSINESS BEEN ISSUED PERSONAL PROPERTY BILLS:**

YES \_\_\_\_\_ NO \_\_\_\_\_

Approved

\_\_\_\_\_  
Carolyn Lyons  
Treasurer/Collector

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_



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

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

---

---

## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

---

---

## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

---

---

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

CITY OF FRAMINGHAM  
BUILDING DEPARTMENT/INSPECTIONAL SERVICES  
150 CONCORD STREET – ROOM 203  
FRAMINGHAM, MASSACHUSETTS

**AFFIDAVIT**  
**Home Improvement Contractor Law**  
**Supplement to Permit Application**

The Office of Consumer Affairs and Business Regulation ("OCABR") regulates the registration of contractors and subcontractors performing improvements or renovations on detached one to four family homes. Prior to performing work on such homes, a contractor must be registered as a Home Improvement Contractor ("HIC").

**M.G.L. Chapter 142A** requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units....or to structures which are adjacent to such residence or building" be done by **registered** contractors.

*Note: If the homeowner contracted with a corporation or LLC, that entity must be registered.*

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law:(explain) \_\_\_\_\_
- Job under \$1,000.00
- Building not owner-occupied
- Owner obtaining own permit (explain) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**OWNERS OBTAINING THEIR OWN PERMIT OR ENTERING INTO CONTRACTS WITH UNREGISTERED CONTRACTORS OR SUBCONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK ARE NOT ELIGIBLE FOR AND DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. Chapter 142A.**

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

---

Date	Contractor Name	HIC Registration No.
------	-----------------	----------------------

**OR:**

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

---

Date	Owner Name and Signature
------	--------------------------



**CITY OF FRAMINGHAM**  
**Inspectional Services Division**  
**Department of Building Inspection**

Memorial Building, Room 203  
150 Concord Street  
Framingham, Massachusetts 01702-8368

Michael T. Tusino, C.B.O.  
Building Commissioner

Telephone: 508-532-5500

**Estimated Square Foot Construction Costs for New 1 & 2 Family Homes**

Street Address \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Location in building	Dimensions	Total Square Feet	Cost per S/F*	Estimated Cost
First Floor	X		\$140.00	
Second Floor (finished)	X		\$100.00	
Second Floor (unfinished)	X		\$50.00	
Basement (finished)	X		\$35.00	
Basement (unfinished)	X		\$10.00	
Garage (finished)	X		\$25.00	
Garage (unfinished)	X		\$20.00	
Porch/Deck	X		\$15.00	

<b>Total Estimated Construction Costs:</b>	
<b>Building Permit Fee: (\$15.00 per 1000.00)</b>	
<b>Total Fee:</b>	

**Note: Repairs, alterations, renovations and restorations shall have fees determined by actual construction costs (contract or other cost documents may be required).**

- Estimated S/F Cost information based on information from R.S. Means Square Foot Costs (2003, 24<sup>th</sup> annual edition) of an average two story dwelling with location factor.

**I do hereby attest that the information provided on this document, to the best of my knowledge, represents true and accurate information. I understand that fines and penalties, as allowed by law, may be assessed for false information.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_