



TOWN OF STOW
Building Department
380 Great Road
Stow, MA 01775
Fax: (978) 897-7258

Town Website: stow-ma.gov

APPLICATION FOR PERMIT TO BUILD

For Official Use Only

Date Received: _____

Permit #: _____ Issued: _____

Permit Fee: _____

To the Building Commissioner:

The undersigned hereby applies for a permit to build, alter, demolish, remodel, replace, renovate, repair, or make addition to, according to the information and plans filed here with the following information.

Location: _____ Assessor's Map _____ Parcel _____
Number Street Lot Number

Owner's Name: _____ Phone Home: _____ Cell: _____

Contractor's Name: _____ Phone Business _____ Cell _____

Contractor's Address: _____

Licensed Person Responsible for Project: _____ CSL # _____ HIC# _____

ARE ANY BEDROOMS BEING ADDED? YES ___ NO ___

IF YES, NUMBER OF TOTAL BEDROOMS (old plus new) _____

IS ANY PART OF THIS PROJECT WITHIN 100' OF A WETLAND? YES ___ NO ___

(If unsure, check with Conservation Commission.)

SIZE OF PROPOSED BUILDING: _____

ESTIMATED COST OF CONSTRUCTION (excluding land) _____

DESCRIPTION OF PROJECT: _____

I hereby certify that I am the owner of record of the property listed above or that I have been duly authorized by said owner to make this application as the owner's agent and that all the information above, and the plans and specifications submitted are correct and that all applicable provisions of the Commonwealth of Massachusetts State Building Code, and the Town of Stow Zoning By-laws shall be complied with. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: _____ Date _____

LICENSE HOLDER'S SIGNATURE _____ Date _____

BUILDING COMMISSIONER'S SIGNATURE: _____ Date _____



Stow Building Department
380 Great Road, Stow, Massachusetts 01775
Phone: 978/897-2193 * Fax: 978/897-7258
www.stow-ma.gov

BUILDING PERMIT FEES*
Effective March 15, 2013

Residential/Commercial Building

New Construction, Additions, Renovations, Roofing, Windows, Siding, Solar, Sheet Metal, Demolition, Sheds, Chimney, Swimming Pools, Cell Tower	\$10.00/ thousand of estimated cost* (\$50.00 min. fee)
Wood/Pellet/Coal Stoves	\$50.00
Temporary Tents	\$50.00
Re-Inspection Fee	\$50.00
Work Started Without a Permit	Double Permit Fee
Replace Lost Building Card	\$100.00

*For new construction work, the building permit fee will be based on the higher of either the estimated cost of construction as provided by the applicant or the estimated cost of construction as calculated by multiplying the square foot area of the work by the current International Code Council (ICC) Building Valuation Data cost per square foot for the particular use group and type of construction.

*For renovations and alterations the ICC Building Valuation Data cost per square foot factor will be reduced by 60%

*All costs for third party plan/code review will be paid by the applicant.

*All fees are non-refundable and non-transferable. All fees will be rounded off to nearest dollar.



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INSTRUCTIONS FOR APPLICATION SUBMITTALS – RESIDENTIAL AND COMMERCIAL

Applications: All pages/questions must be addressed and completed.

Plot Plan: New construction and any change in the building footprint requires a plot plan, accurately drawn, showing existing structures, if any, wetlands, well location, septic system location, proposed structure(s), elevations and distances to lot lines prepared by a registered Massachusetts Land Surveyor.

Plans: Two sets of 11' x 17" (minimum size) plans drawn to scale and shall include the following:

All Elevations	Mechanical	Foundation Plan-With Structure Tie Down Details
HVAC	Floor Plans	Framing Plans
Wall Bracing Schedule	Typical Cross Sections	Electrical
Sizing, Spacing, Fastening	Plumbing	Chimney Details
Window & Door Sizes		

Note: Massachusetts Registered Professional Engineer Stamp REQUIRED on all floor and roof trusses, LVL's, Steel "I" Beams, and other engineered lumber and/or materials. In addition as determined by the Building Commissioner, a full set of plans prepared by a design professional may be required.

Fire Department: Take two sets of plans to the Fire Department for a determination on whether a smoke detector, CO detector, fire alarm or sprinkler permit is required.

Copy of Builders License (CSL and/or HIC)

Copy of Construction Agreement: For 1 & 2 family work, a copy of the contractor/owner agreement must be provided if the value of work is greater than \$1,000.00.

Insurance: Copy of Insurance Certificate showing Liability and Worker's Compensation Coverage, (Town of Stow, MA should be shown as Certificate Holder).

Other Information That May Apply: Zoning Board of Appeals Approval, Planning Board Approval, Conservation Commission Filing, Flood Plain Elevations, Energy Calculations (Res Check), (Com Check), Sheet Metal Permit, Trench Permit, Wall Bracing Calculations, and other applicable information that this office may require.

Roofing Contractors: Upon completion of the roofing work a certification that the work is in compliance with the 8th Edition of MA Building Code shall be submitted to the Building Department. (See attached requirements.)

Building Permit Fees: The fee will be determined by the Building Commissioner.

Once the Building Department has received a completed application package, it will be acted upon in a timely manner – within 30 days of receipt. If you have any questions regarding filing for a permit, please call the Building Department at (978) 897-2193.



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380 Great Road
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INSPECTION PROCEDURES

Inspections will be made within 48 hours, (or two working days), of the request. Do not cover, conceal, or back fill until the proper (Building, Electrical, Plumbing, Gas, Board of Health, or Fire Inspector(s) have signed the Building Permit Card in the appropriately marked space(s). The set of approved Building Department plans shall be kept on site with the Building Permit card.

REQUIRED INSPECTIONS

1. **Excavation:** Prior to placing of concrete for footings, sonotubes, etc.
2. **Reinforced Concrete Work (if applicable):** When steel reinforcing is in place, before concrete is poured.
3. **Footing:** Poured footing with keyway prior to foundation wall.
4. **Foundation:** Complete the following, then call for a Foundation Inspection:
 - a. Damp proofing.
 - b. Perimeter Drains (3/4 inch **washed** stone, covered with approved filter membrane material).
 - c. Insulation (if applicable).
 - d. Anchor bolts, Wind bracing, Uplift tie downs.

NOTE: After final inspection of the foundation obtain a certified "As Built Foundation Plan", signed and stamped by a Massachusetts Registered Land Surveyor. The Building Department will require this prior to any further inspections.

5. **Exterior sheathing nailing:** Prior to installing TYVEK/siding check with the Building Commissioner.
6. **Rough Frame Inspection:** Complete the following, then call for a Frame Inspection:
 - a. Rough Electrical Sign-off
 - b. Rough Plumbing Sign-off
 - c. Rough Gas Sign-off.
 - d. All rough HVAC should be installed.
 - e. All fire stopping and draft stopping complete.
7. **Exterior sheathing nailing:** Prior to installing TYVEK/siding.
8. **Chimney/Fireplace:** Construction to conform to M.S.B.C. Call for Throat Inspection.
9. **Insulation/Infiltration Sealing:** Prior to installing gypsum, insulate all walls, windows, floors, and ceilings, seal all openings/cracks in exterior walls. Call for Insulation Inspection.
10. **Blue Board or Sheet Rock Inspection:** (screws or nails) This may or may not be required. Check with Building Commissioner.
11. **Final Occupancy Inspection:** Complete the following, then call for a Final Inspection and Certificate of Occupancy.
 - a. Final Electrical Sign-off
 - b. Final Gas Sign-off
 - c. Final Plumbing Sign-off
 - d. Final Fire Dept. Sign-off (Requires house number applied to structure) and visible from street. On common or long driveways, numbers must be displayed at the street/driveway entrance in addition to the house.
 - e. Board of Health Sign-off, if applicable.
 - f. Driveway installed per Town Highway Department Curb Cut Permit.

NOTE: In addition to the above, any Orders of Conditions, Special Permits, Certificates of Compliance, from either the Conservation Commission, Zoning Board, Planning Board, or Board of Selectmen, shall be adhered to or completed before any Certificate of Occupancy is issued.



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

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a 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 #: _____



TOWN OF STOW
Building Department
380 Great Road
Stow, MA 01775
Phone: (978) 897-2193
Fax: (978) 897-7258

WASTE DISPOSAL AFFIDAVIT

In accordance with the provisions of MGL c. 40, S 54, a condition of receiving a building permit is the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, S 150A.

The debris resulting from work at the property located in Stow, MA at _____,
will be disposed of at the following location:

Name and location of Facility _____

Signature of Permit Applicant

Date



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AFFIDAVIT

MGL c. 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" to be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work _____ Est. Cost _____

Address of Work _____

Owner Name _____

Date of Permit Application _____

I hereby certify that:

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

Work excluded by law

Job under \$1,000.00

Building not owner-occupied

Owner pulling own permit

Other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A

Signed under penalties of perjury:

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

Date: _____ Contractor Signature: _____ Registration No.: _____

OR:

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

Date: _____ Owner Signature _____



**TOWN OF STOW
BOARD OF HEALTH**
380 Great Road
Stow, MA 01775
Phone: (978) 897-4592
Fax: (978) 897-4615
Email: Health@stow-ma.gov

Application For Clearance Prior To Issuance Of A Building Permit

DATE: _____

Name(s) and address of property owner:

Telephone Number: _____

Location of property:

Property Map and Parcel Number

Scope of Work:

Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

BOARD of HEALTH COMMENTS: _____

Board of Health Authorized Signature



**TOWN OF STOW
CONSERVATION COMMISSION**
380 Great Road
Stow, MA 01775
Phone: (978) 897-8615
Fax: (978) 897-4534
Email: conservation@stow-ma.gov

Application For Clearance Prior To Issuance Of A Building Permit

Location of Property: _____ Map & Parcel: _____

Property Owner Name: _____

Street Address/Town & Zip Code: _____

Telephone Number: _____

Describe Work Proposed:

Include sketch or plot plan showing existing structures, proposed work, placement of both well and septic system, wetlands marking, ie: floodplain, pond, brook river, etc.

Signature of Applicant: _____ Date: _____

DO NOT WRITE IN THIS SPACE.

The work proposed for the area shown on the plan is not within jurisdiction of the Conservation Commission according to MGL CH131, Sec. 40 and the Town of Stow Wetlands Bylaws.

The work proposed for the area shown on the plan is within the jurisdiction of the Conservation Commission according to MGL CH131, Sec. 40 and the Town of Stow Wetlands Bylaws. The applicant is required to submit the following to the Conservation Commission. () Request for Determination () Notice of Intent

The following conditions shall apply to this clearance: _____

Site Inspection Report: (Use back of form if more space required.) _____

Conservation Commissioner Authorized Signature : _____



**TOWN OF STOW
PLANNING BOARD**

380 Great Road
Stow, MA 01775
Phone: (978) 897-5098
Fax: (978) 897-2321

Email: planning2@stow-ma.gov

Application For Clearance Prior To Issuance Of A Building Permit

Location: _____ Map & Parcel: _____

Subdivision Name: _____ Lot # _____

Owner/Applicant: _____

Address: _____

Owner/Applicant Signature: _____

DO NOT WRITE BELOW THIS LINE

____ The above reference lot has not been approved by the Planning Board. The following approvals are required prior to issuance of a building permit:

____ The above referenced lot has been approved by the Planning Board, however the following conditions shall be met prior to issuance of a building permit:

____ The above referenced lot has been approved by the Planning Board and is cleared for issuance of a Building Permit.

Planning Board Authorized Signature: _____



**TOWN OF STOW
TAX COLLECTOR'S OFFICE**
380 Great Road
Stow, MA 01775
Phone: (978) 897-2834
Fax: (978) 897-4594

Application For Clearance Prior To Issuance Of A Building Permit

Date: _____

Name(s) and address of property owner:

Property Map & Parcel Number:

Telephone Number: _____

Scope of work: _____

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

TAX COLLECTOR:

Does Property/Applicant/Petitioner owe taxes/Municipal Charges?

YES _____

NO _____

Authorized Signature