



BUILDING PERMIT INSTRUCTIONS



TOWN OF AVON

BUILDING DEPARTMENT PERMIT APPLICATION

Official Use Only

PERMIT NUMBER

To the INSPECTOR OF BUILDINGS:

Date: _____

The undersigned hereby applies for a permit to:

☐ Build ☐ Addition ☐ Make Alterations ☐ Demolish ☐ Other _____

1. Address at site: _____
2. Name and Address of Owner: _____

- Email Address: _____ Telephone No.: _____
3. Name and Address of Contractor: _____

- Email Address: _____ Telephone No.: _____
4. CSL No.: _____ HIC No.: _____

5. Type of Construction: _____ See 780 CMR CH. 6

Frame: ☐ Wood ☐ Concrete/Steel ☐ Brick/Block

Walls: ☐ Studs & Plaster ☐ Precast ☐ Brick/Block

Foundation: ☐ Concrete ☐ Piles ☐ Other

Foundation Dimensions: _____ Wide x _____ Deep _____

6. Energy Compliance: _____ HERS _____ Res check _____ Comcheck _____

7. Number of Stories: _____

8. How is the building occupied: ☐ Residential ☐ Business ☐ Industrial ☐ Other

If Residential, number of families: _____ If Business, No. of units: _____

9. Lot Size: _____ Frontage: _____

Set Backs: Front: _____ Left Side: _____ Right Side: _____ Back: _____

10. Describe Proposed Work: _____

11. Plans submitted: ☐ Yes ☐ No Plot Plan: ☐ Yes ☐ No

All work to be performed in accordance with the current & amended Massachusetts State Building Code 780 CMR.

12. Estimated Total Value of Work: _____

13. Name of Owner or Authorized Representative: _____

Please Print

Signature of Owner or Authorized Representative: _____

OFFICIAL USE ONLY

Approved by:		Date:		Permit #:		Fee:	
Map/Block/Lot:		Zoning District:		RETX:		Water:	Other:
SPECIAL REQUIREMENTS:	As Built Plans		Foundation Only		Completed Structure:		
Certificate of Occupancy:		Is		Is not	Required before premises may be occupied.		
Certificate of Occupancy Fee:							
REQUIRED INSPECTIONS		Excavation		Insulation		Rough Frame	
		Foundation		Grading		Final	
		Electrical:		Rough		Final	
		Plumbing:		Rough		Final	
		Gas Fitting:		Rough		Final	

780 CMR CHAPTER 1, 105.1 APPLICATION FOR PERMIT

“It shall be unlawful to construct, reconstruct, alter, repair, remove or demolish a building or structure, or to change the use or occupancy of a building or structure; or to install or alter any equipment for which provision is made or the installation of which is regulated by 780 CMR without first filing a written application with the building official and obtaining the required permit therefore”.

- See entirety of CMR 780 9th edition Section 105.1 amended.
- Construction/remodeling projects are not complete until all inspections have been performed and the original permit field card is returned to the Avon Building Department. For further information on required inspections, see the Mass. Building Code 780 CMR Chapter 1, Section 110 and Chapter 51, Section 110. More details are available online at www.mass.gov/bbrs or contact the Avon Building Department at 508-588-0414 or rborden@avon-ma.gov.

CLASSIFICATION OF BUILDING PERMITS

1. Industrial, Business and Commercial
2. Residential (1 and 2 family) – new construction, alterations, additions, etc.
3. Other – Alternative energy, demolition, fences, storage buildings, decks, patios, temporary structures, mechanical permits (sheet metal).

All Building Permits issued by an approved dimensional variance will require a “foundation as-built” plan before proceeding.

REQUIREMENTS – INDUSTRIAL, BUSINESS AND COMMERCIAL

1. Application and all required documents to be filled out COMPLETELY.
2. Investigation, evaluation submittal and control construction documents as required by 780 CMR 9th Edition and the IEBC must accompany the application.
3. Affidavit of licensed engineer/architect must accompany application. All plans must be certified to be in compliance with 780 CMR 9th Edition.
4. Plans and application to be submitted to and endorsed by various Town Boards and departments as required by the Building Inspector.
Note: Various Boards will have their own filing requirements and procedures. Please contact them directly for further information or some information may be available online at www.avon-ma.gov.
5. All structures exceeding 35,000 cubic feet require construction control documents. See www.mass.gov/lists/construction-control-documents.
6. All fire alarm and fire protection equipment and systems require permits and Fire Department review.
7. DIG SAFE number (for dig safe info www.digsafe.com)
8. Design professional review as required by the International Existing Building Code (IEBC) formerly 780 CMR Chapter 34.
9. All Energy Conservation documents as required by 780 CMR and IECC Amended International Energy Conservation Code and/or ASHRAE handbook are required with applications. (available at www.energycodes.gov).
10. Non-refundable Application Fee of \$125 must be paid in **FULL** with application; permit fee to be determined from attached schedule.

11. As "Bonding" agents, the Board of Selectmen may be the last to sign or endorse the application.
12. Complete application with required endorsements. Three (3) original stamped paper copies and two pdf copies on USB memory stick, original drawings NOT scanned copies of building and site plans and original stamped and signed certificates, affidavits, energy conservation and waste removal documents. These must be filed with the Inspector of Buildings for approval and issuance of a permit.
13. Certification that all taxes, bills and fees due the Town of Avon are paid in full.

RESIDENTIAL PERMITS – NEW, ALTERATIONS AND ADDITIONS

1. Application and accompanying documents filled out COMPLETELY.
2. All plans must be certified by designer to be in compliance with 780 CMR 9th edition. See later on this site for essay and sample of building plans.
3. Endorsements of other Boards may be required by Building Inspector.
4. Energy code calculations (see www.energycodes.gov), 780 CMR Amended, and International Energy Conservation Code (IECC).
5. Photocopies of Construction Supervisor's License (CSL) and Home Improvement Contractor's registration (HIC).
6. Three (3) copies of site and building plans.
7. Certified Plot Plan (2 copies) for all additions and new construction.
8. Certification that all taxes, bills and fees due the Town of Avon are paid in full.
9. Non-refundable application fee of \$50.00 must be paid in **FULL** with application; permit fee to be determined from attached schedule.
10. DIG SAFE number.

OTHER PERMITS

1. Plot Plan – two (2) copies – for all pools, sheds, fences, decks and patios.
2. Floor Plan – for layout/placement of any alternative energy source.
3. U.L. certificates and manufacturer's installation instructions for heating appliances.
4. Roofing, siding, doors and windows without structural changes do not require plans.
5. All Mechanical Permits require:
 - A. All sheet metal permits require a separate and distinct application form and permit card.
 - B. Energy Code Compliance documents (www.energycodes.gov).
 - C. Appliance Efficiency Rating.
6. All fire alarm and sprinkler work, except normal maintenance and testing, requires a building permit.
7. Copies of all professional and/or trade licenses required by the State of Massachusetts.

DEMOLITION PERMITS

1. All requirements of 780 CMR 33 must be fulfilled.
2. Certification of disconnect for the following: Gas, Electric, Water, Cable and/or Telephone from the appropriate utility.
3. Certification that the structure is free of asbestos from a licensed remover.
4. Certification from a licensed exterminator that the structure is free of all rodents.
5. DIG SAFE number.

6. Full completed permit application.
7. Certification that all taxes, bills and fees due the Town of Avon are paid in full.

OCCUPANCY PERMITS

Department sign-off sheet must be completed before request.

Temporary Occupancy Permits may be issued for limited periods. Failure to complete all requirements for the permanent Occupancy Permit will incur fines of up to \$100.00 per day per violation.

INDUSTRIAL, BUSINESS AND COMMERCIAL

1. One paper copy and two pdf copies on USB memory stick, original drawings NOT scanned copies, of as-built plans for building or structure.
2. Architect or engineer affidavit of compliance, construction type and capacity of structure.
3. All final signatures on building permit card (plumbing, gas, electric, fire department).
4. Final grading of topsoil and seeded lawn with erosion preventative must be completed.
5. Letter of Compliance from Conservation Commission.
6. Certification of Compliance from Board of Health for wastewater disposal/treatment and water supply if not on Town water.
7. Payment in full of all taxes, bills and fees to the Town of Avon.
8. Address (numbers) must be applied to the structure and be clearly visible from the street.

RESIDENTIAL

1. As-built site plan confirming location of structure on lot.
2. Certification of Compliance of wastewater disposal/treatment from Board of Health.
3. Approval of water supply if not on Town water.
4. Letter of Compliance (if required) from Conservation Commission.
5. All final signatures on the Building Permit card (plumbing, gas, electric and fire department).
6. Payment in full of all taxes, bills and fees to the Town of Avon.
7. Copy of smoke and CO detector certificate.
8. Final grading of topsoil and seeded lawn with erosion preventative must be completed.
9. Address (numbers) must be applied to the structure and be clearly visible from the street.

IMPORTANT

1. *All siding permits (wood, vinyl, metal, etc.) application MUST be accompanied by an electrical permit to remove and replace the electric service.*
2. *All permits which involve any excavation require a Dig Safe number (1-888-"Dig-Safe"/1-888-344-7233) and may require a "trench" permit issued by the Avon Fire Department. Applications are available at www.avon-ma.gov*

How to calculate the "estimated value of work"
Line 11 of the Building Permit Application

Site Work:

Excavation
 Septic Installation
 Back fill & rough grade
 Finish grade, loam & seed
 Plantings
 Sidewalks & Driveways

Concrete & Masonry:

Footings & foundation
 Concrete slabs
 Masonry fireplaces & chimneys

Frame:

Walls, interior & exterior
 Floors
 Ceilings
 Roofs, including shingles, etc

Misc.

Include such things as:
 Tree cutting & stump removal
 All communication wiring
 (removal of excavated materials: boulders, trash, excess earth, etc.)
 Special site work, drainage, retention, detention areas, wetland replacement
 Hay bales, silt fence, fences, et al.

Exterior:

Siding & trim

Interior:

Doors
 Moldings & trim
 Stairs & railings
 Floor & coverings
 Paint & stain
 Kitchen – cabinets, counters, appliances

Plumbing & Gas:

All Fixtures
 All Piping

Electrical:

All line voltage wiring
 All fixtures
 All low voltage wiring
 All fixtures
 All communication wiring

All the above figures must include labor and materials.
 For homeowners doing their own work to calculate the labor it should be at a rate of \$20.00 per hour.

Submit this completed worksheet with all building permit applications.

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$	
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$	

**BUILDING PERMIT FEES
EFFECTIVE FEBRUARY 1, 2022**

All fees must be paid in full before issuance of any permit, certificate, report or re-inspection.

Non-refundable Application Fee – must be paid in full with application

(Applicable only to permits requiring plan review under Mass Bldg Code 780CMR and/or Town of Avon zoning by laws)

1 & 2 Family Residential	\$50.00	Commercial	\$125.00
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INDUSTRIAL/COMMERCIAL /BUSINESS

New Construction & Alterations Roofing and Repairs	\$15.00 per thousand; minimum fee \$150.00
Signs	\$15.00 per thousand; minimum fee \$150.00 Plus \$3.00 per square foot of signage
Required periodic inspections	\$100.00 minimum per inspection/unit or address See Use Group Classification Fee Schedule for inspection and fees
Mechanical Permit	Minimum \$50.00, See Schedule on Mechanical Permit Application

RESIDENTIAL 1 & 2 FAMILY

New Construction, Additions & Alterations	\$200.00 per sq. ft. x \$12.50 per \$1,000 \$ 75.00 minimum
Alterations/Remodeling	\$12.50 per \$1,000 estimated cost; \$75.00 minimum
All Pools	\$15.00 per \$1,000; \$100.00 minimum
Sheds, Fences, Retaining Walls	\$12.50 per \$1,000; \$100.00 minimum
Sheet Metal and Mechanical Permits Minimum	Minimum \$50.00. See schedule on Mechanical Permit Application

DEMOLITION PERMITS

Commercial, Business, Industrial	\$15.00 per \$1,000 estimated cost Minimum \$150.00
Residential Including Sheds, Detached Garages, etc.	\$15.00 per \$1,000 estimated cost Minimum \$150.00

OCCUPANCY PERMITS

Industrial, Commercial, Business Residential - 1 & 2 Family	\$100.00 per unit \$ 50.00 per unit
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ALL PERMIT FEES WILL BE DOUBLED FOR WORK STARTED WITHOUT PERMITS BEING ISSUED AND PAID FOR IN FULL.

<u>REPLACEMENT OF BUILDING CARD</u> \$50.00	<u>REINSPECTION FEE</u> \$50.00
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<u>COPY FEE</u>	UP TO 8 ½ X 14 - .50/PAGE	LARGER SIZES - COST PLUS \$30.00/HOUR
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* Estimated costs are to include all site structure, electrical, plumbing, HVAC, etc.

ROBERT C. BORDEN, BUILDING INSPECTOR

I HAVE READ AND UNDERSTAND THE DIRECTIONS
ATTACHED.

NAME _____

DATE _____

TOWN OF AVON

IX SUPPLEMENT #1 – HOMEOWNER LICENSE EXEMPTION

The current exemption for “homeowner” was extended to include owner-occupied dwellings of two units or less to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as a supervisor. (State Building Code Section 110R5.1.3.1).

DEFINITION OF A HOMEOWNER

Person(s) who own a parcel of land on which he/she reside(s), on which there is, or is intended to be, a one or two family dwelling attached or detached structure 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 homeowner. Such “Homeowner” shall submit to the Building Official that he/she shall be responsible for all such work performed under the building permit. (Section 110R5.1.2).

The undersigned homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, rules and regulations, and will comply with the Town of Avon’s Building Department minimum inspections procedures and requirements:

HOMEOWNER’S SIGNATURE: _____

X SUPPLEMENT #2 – (Residential Use Only) – HOME IMPROVEMENT CONTRACTOR LAW 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 two structures which are adjacent to such residence of building” be conducted by registered contractors, with certain exceptions along with other requirements.

Type of Work: _____ Est. Cost: _____

Address of Work: _____

Owner’s 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 ☐ Building not owner-occupied ☐ Owner obtaining own permit

Other (specify): _____

Notice is hereby given that:

OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF 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 owner of the above property:

Date Owner Signature

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TOWN OF AVON

XI SUPPLEMENT 3A – CONSTRUCTION DEBRIS DISPOSAL

In accordance with provisions of Massachusetts General Law Chapter 40, Section 54, debris resulting from this work shall be disposed in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Chapter 111, Section 150A and 780 CMR Section 101.4.8 and R102.4.

The debris will be disposed of in:

Facility

Address

City/Town

XII SUPPLEMENT 3B – ASBESTOS EVALUATION AND DISPOSAL

1. Was the structure or that portion of the structure where the demolition/renovation activities will occur thoroughly surveyed by a DLS-certified asbestos inspector for the presence of asbestos containing material in accordance with MassDEP Air Quality and Asbestos regulations at 310 CMR 7.09(5) and 310 CMR 7.15.

☐

Yes

☐

No

Applicant's Initials

2. If yes, who conducted the survey? And when was it completed?

a. Name of Asbestos Inspector: _____

b. Mass Division of Labor Standards ("DLS") Certification #: _____

(Note: A valid DLS Asbestos Inspector certification number starts with the letters "AI" or "AP" followed by 6 digits)

c. Date completed: _____

Report Attached

3. Did the survey identify any asbestos-containing material in the area where the demolition/renovation will occur?

☐

Yes

☐

No

Applicant's Initials

4. Is the area proposed for demolition or renovation free of asbestos containing materials ("ACMs") or asbestos containing waste materials ("ACWMS")?

☐

Yes

☐

No

Applicant's Initials

Signature of Permit Applicant

E-Mail/Phone #

Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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 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 attach 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 (check 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia