

TOWN OF TOLLAND
BUILDING APPLICATION APPROVAL CHECK LIST

This Building Approval Check List must be completed and signed off by town offices as listed and turned in with the Building Permit Application along with all other items needed for the Building Permit. These items are listed on the Building Information sheet for New Homes in your packet.

Property Owner: _____

Mailing Address: _____

Property Address: _____

Applicant Home Phone: _____ Cell Phone: _____

PLANNING BOARD-Submit a completed Build Permit Application with 2 copies of a site drawn to scale with all structures, existing well and septic, designated driveway, distance of all items from lot lines front, side, and rear.

Site Plan Approved (Copy Attached) _____ Waived _____ Denied _____

Subdivision Approval Required _____ Public Hearing Scheduled (Date): _____

Project Complies with Zoning By-Laws: _____

Signature(OneMember): _____ Date: _____

ZONING BOARD OF APPEALS (use only if rejected by the Planning Board)

Application Submitted for: Special Permit _____ Zoning Variance _____

Application received by Town Clerk (date): _____

Application returned to ZBA. (date): _____

Abutters List requested from Assessors (date): _____ Received (date): _____

Public Hearing (date): _____

Application Approved: _____ Denied: _____

Reason for Denial: _____

ASSESSOR'S OFFICE

Assessor's Map & Lot # _____ Acres _____ Road Frontage _____

Property Ownership History for Non-Conforming lots: Contiguous _____ Non-Contiguous _____

Assessor Signature (1 member): _____ Date: _____

TAX COLLECTOR

Delinquent taxes are owed on this property Yes _____ No _____

Delinquent taxes in the amount of \$ _____ are owed on this property

Tax Collector Signature: _____ Date: _____

HIGHWAY SUPERINTENDENT

Driveway Permit issued (Date): _____ 911# issued for property (Date): _____

Mass Highway approval required: Yes _____ No _____

Highway Superintendent Signature: _____

CONSERVATION COMMISSION

Notice of Intent Required: Yes _____ No _____

Distance from: Lake/Pond _____ River/Stream _____ Wetland _____

Signature (1 member): _____ Date: _____

BOARD OF HEALTH

Percolation Test Documentation: Passed_____Failed_____Date_____

Well Permit Application Submitted (Date):_____

Well Permit Application Approved (Date):_____

Septic System Application Submitted (Date):_____

Septic System Application Approved (Date):_____

Project Approved with existing Septic system (Date):_____

Septic System Approved for_____bedrooms

Health Agent Signature:_____Date:_____

BUILDING INSPECTOR

Building Permit Application with all forms and information received (Date):_____

Build Permit issued (Date):_____Copy to Assessors (Date):_____

Signature Building Inspector _____(Date):_____

NOTES:



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L. c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

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 _____

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor 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"

BUILDING INFORMATION FOR NEW HOME CONSTRUCTION, REPAIRS, RENOVATIONS AND ADDITIONS

All projects, including renovations and repairs, must be built by the International Residential Code and the Massachusetts Amendments. TOLLAND is a "Green Community" and all new Residential Buildings must also meet the Mass. Stretch Code and have a HERS rating which is required for all new homes.

PLEASE READ ALL INFORMATION before filling out the Building Application and all other paperwork. Also be sure all information on all forms is complete and signed.

The same forms are used for all permits: New Homes, Additions, Repairs, Renovation, Reroofing and Solar and Sheds over 120 sq. feet. Remember all permit applications must be signed by the homeowner and the builder.

The following must be completed,

1. The Building Application
2. Application Approval Check List,
3. HERS Energy Information, (new residential only)
4. One set of site plans signed off by Planning Board,
5. Two sets of Building Plans and specifications showing the location of carbon monoxide and smoke alarms
6. Worker Compensation Affidavit with the Certificate of Liability Insurance
7. Disposal Information
8. Homeowner's Exemption (if needed)
9. Contact the DPW for your 911 house number if you don't have one 413- 258-4531
10. A check for the Building Fee made out to the Town of Tolland. A Building Permit cannot be issued until fee is paid (See Building Permit Fees sheet)

INSPECTIONS: It is the responsibility of the homeowner or builder to notify the inspectors when you are starting a project. when inspections are needed and when a project is completed and ready for a C.O. Until a C.O. is issued, a site is considered a construction site and no one may use or live on the site. Please give all the inspectors at least a 24 hour notice before you need an inspection.

Building Inspector: Call Eric Munson Jr. Cell 413 531-6674

Wiring Inspector: Call Jay Reynolds Cell 860 798-2578

Plumbing Inspector: Call Brian Middleton 413 269-7269

SMOKE & CARBON MONOXIDE REQUIREMENTS

NEW HOMES:

Smoke alarm are required as follows

- 1. One smoke alarm on every habitable level of residence**
- 2. One smoke alarm at the base of each stairway**
- 3. One smoke alarm outside of each separate sleeping area.**
- 4. One smoke alarm inside every sleeping area**
- 5. A minimum of one smoke alarm must be installed for every 1,200 square feet of living space per. Level.**
- 6. Must be hardwired and interconnected with battery backup.**
- 7. All smoke alarms must be photoelectric.**

Carbon monoxide alarms are required as follows:

- 1. On every level of the residence including basement and habitable portions of attics, and must be located within 10 feet of each bedroom door.**
- 2. Combination alarm (photoelectric and carbon monoxide alarm) may be used.**
- 3. Must be hardwired and interconnected with battery backup**

Heat alarms are required as follows:

- 1. Must have single heat alarm in any garage attached or under the residence.**
- 2. Must be hardwired and interconnected with or without battery backup, to the existing smoke detection system.**

TYPE OF BUILDING PERMITS AND FEES

**BUILDING Permits FOR NEW ADDITIONS, ALTERATIONS OR RENOVATIONS ARE
.40 per. sq. foot, min. \$50.00**

- 1. Commercial, Industrial Buildings**
- 2. New Dwellings, Cottages or Modular Buildings**
- 3. Garages ,Carports and Breezeways**
- 4. Farm, Barns, Out Buildings**
- 5. Sheds over 120 sq. feet**
- 6. Increasing size of living space**
- 7. Finishing Basement or Attic**
- 8. New Foundation or Slab**

FEE FOR OTHER PERMITS

- 1. Piers \$5.00 per pier min. \$50.00**
- 2. Re- Siding and Re-Roofing (any type) \$5.00 per sq foot min. \$50.00**
- 3. Windows and Doors \$ 10.00 per window, doors min \$50.00**

FEE FOR REPAIRS

Fire and Storm Damage, fee to be determined after inspection

FEE FOR DEMOLITION

Removal of any structure or any part there of .20 per sq. foot min. \$50.00

FEE FOR SPECIAL PERMITS

- 1. Above ground swimming pools \$40.00**
- 2. In ground swimming pools \$125.00**
- 3. Tennis Courts \$40.00**
- 4. Fences, Wood Screening over 6 feet \$40.00**
- 5. Fireplaces and Chimneys \$200.00**
- 6. Solar Units Roof or Ground type \$50.00**
- 7. Solar Farms \$7.00 per. \$1,000.00**
- 8. Towers \$5.00 per. \$1,000.00**
- 9. Signs \$40.00 per sign**

Ordinary repairs to buildings or structures may be made without application or notice to the Building Dept. but such repairs shall NOT include the cutting away of any wall, partition or

portion thereof. The removal or cutting any structural beam or bearing support is not allowed without a permit. Removal or change of any required means of egress or re-arrangement of part of the structure affecting the exit way requirement need a permit. Ordinary repairs include additions, alteration of, replacement or relocation of any standpipes, water supplies, sewer, drainage, drain leaders, gas or waste vents or similar piping, electric wiring, mechanical or plumbing or any work affecting public health or general safety. All require a building permit.

NOTE:

Before you start any repairs or if you have any questions, please call the Building Inspector, Electrical Inspector or the Plumbing Inspector.

BUILDING CONTACTS
TOWN OF TOLLAND, MA.
TOWN WEBSITE tolland-ma.com

BOARD OF HEALTH AGENT

Valerie Nickerson Bird 1 413 454-5161 Office 1 413 258-4794 ext. 127
healthagent@tolland-ma.com

PLANNING BOARD

James Deming Chairman 1 413 427-4923 Office 1 413 258-4794 ext. 125
planningboard@tolland-ma.com

CONSERVATION COMMISSION

Alan Binder 413 258-4727
Valerie Nickerson Bird Agent 1 413 454-5161 Office 1 413 258-4794 ext.126
conservation@tolland-ma.com

BUILDING INSPECTOR

Eric Munson Jr. @ 1 413 258- 4590 Cell 1 413 531-6674 Office 1 413 258 4794 ext. 106
emunsonjr@gmail.com buildiniginpector@tolland-ma.com

ASSOCIATE BUILDING INSPECTOR

Robert Sullivan @ 1 413 357-8810

PLUMBING INSPECTOR

Brine Middleton @ 1 413 269-7269

ASSISTANT PLUMBING INSPECTOR

Mark Levernoch 413 623-2200

WIRING INSPECTOR

Jay Reynolds @ 1 860 798-2578

ASSISTANT WIRING INSPECTOR

Rob Kimberly @ 413 441-0212

FIRE INSPECTOR

Eric Munson III. @ 1 413 258 2859 1 413 258 4794 ext. 108 firedepartment@tolland-ma.com

TOWN OF TOLLAND DISPOSAL INFORMATION

PERMIT# _____ DATE _____

MAP _____ LOT _____

Applicant _____

Address _____

Phone _____

Construction Site

Address _____

In accordance with the provisions of MGL c 40, S 54, a condition of this permit 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, Name of Company)

Applicant

Signature _____ 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 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 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 #: _____