Permit #:	Fee:			(* ) CORATED	*	24 Town Hall Rd. PO Box 2030 Truro, MA 02666	
rennit #. ree:				Tel (508) 349	9-7004 x13′	Fax (508) 349-5508	
			SITE INFOR	RMATION			
Project Site:							
Assessors Map & Parcel:			Zoning District:				
Outside Flood Zone		Inside Flood Zone – Specify:					
Setbacks: Front:	Setbacks: Front: Left Si			Right Side:		Rear:	
Lot Area (sq. ft.)				Frontage:			
Water Supply:				Subject to Policy 28: Curb Cut? Y N If Yes, please attach a copy of the approval to this application.			
SUBJECT TO NHESP/MES	A REVIEW? 🗆 Y			IF YES, PLEASE ATTACH A COPY OF THE APPROVAL.			
		P	ROPERTY O	WNERSHIP			
Owner of Record:							
Mailing Address:							
Phone: E-			-mail:				
Property Owner Autho	orization			1			
Signature:				Date:			
		Р	ROJECT INF	ORMATION			
<ul> <li>1 &amp; 2 Family Home</li> <li>Commercial / Other than 1 &amp; 2 Family Home*</li> </ul>			er than	□ Change of Use DEMO - Subject to Chapter VI: Historic Properties Bylaw? Y N			
				ONTROL CONSTRUCT /AILABLE IN BUILDI		ATIONS (780 CMR 116) Ment.	
New Dwelling: # of ui	nits			Commercial Buil	ding		
□ Addition			🗆 Alteratio	n	🗆 Mechan	ical	
Accessory Structure: (type)				Other:			
Detailed Description of P	roposed Work:						

Estimated Construction Cost:				Debris Disposal: (Landfill or Company Name)			
Floor Area: (Proposed Work Only) Basement:  unfin			ished				
1 <sup>st</sup> flr:	2 <sup>nd</sup> flr:		Porch/Deck:	Other:			
#fireplaces:	#chimneys:			#bathrooms: existing proposed			
#bedrooms: existing	р	roposed					
Type of Heating System:				Type of Cooling	g System:		
*HOMEOWNER'S AFF	DAVIT RE			VFORMATION*	WORK (RESIDENTIAL PROJECTS ONLY)		
Contractor Name:							
Address:							
Phone:				Email:			
CSL#:			HIC #	I			
			OFFICE	E USE			
Signature:				Date:			
Other Comments:							
BUILDING COMMISSIONER Review & Approval:							
Signature:				Issuance Date:			

### BUILDING PERMIT APPLICATION DOCUMENT CHECKLIST

This checklist is part of the permit application and must be completed. If not completed the application may be considered incomplete and cause the permit to be denied.



### Town of Truro Building Department

24 Town Hall Rd. PO Box 2030 Truro, MA 02666 Tel (508) 349-7004 x131 Fax (508) 349-5508

Please note that marked-up archival drawings do not constitute acceptable documents for permitting purposes.

### □ One and/or Two Family Home

- □ Completed application form
- □ 1 copy original site plan showing building setbacks and grades.
- $\square$  2 (min.) copies building plans One can be full size if greater than 11 x 17. One must be no greater than 11 x 17 for department filing. Electronic version is acceptable, in addition.

Drawings indicating all relevant information including but not limited to:

- Fully dimensioned foundation, floor and structural plans;
- Building elevations showing finish materials and critical dimensions;
- Building/wall sections describing building construction, energy related details and showing critical vertical dimensions.
- Smoke, CO and heat detectors must be shown.
- Door and window information demonstrating conformance with minimum room and dwelling egress and emergency escape.
- Exterior window and door information demonstrating conformance with light, ventilation and energy requirements.
- Location and design of any required fire separation assemblies.
- All structural conditions noted on plans braced wall lines indicated and analysis shown and/or engineered solution with registered design professional's certification and/or other prescriptive solution allowed by Code.
- 1 copy Energy Code compliance documents (check only one below)
  - □ HERS/performance rating document new construction
  - □ ResCheck (2015 MA) additions/alterations- per 2015 IECC R502 & 503
  - Prescriptive values shown on plans see 2015 IECC table R402.1.2 and other req's.
- D Photocopy of CSL and HIC (if applicable) shown on application form
- U Worker's Compensation Insurance Affidavit and copy of current certificate of insurance
- □ Homeowner's License Exemption (if qualified and there is no CSL)
- Copy of recorded approvals from local regulatory boards
- If street access is required and property is on a Town road, copy of Curb Cut approval from the Board of Selectmen

### **Modular Home** (Homeowner license exemption not allowed)

- □ 2 copies of foundation plan
- Approved plans by MA Board of Building Regulations & Standards with evidence of 3<sup>rd</sup> party
- □ inspection
- □ Manufacturer's certification of installer/set crew.

### □ Structures Other than 1 & 2 Family Home

- Completed Application form
- Stamp and signature of registered design professional

2 (min.) copies building plans – One can be full size if greater than  $11 \times 17$ . One must be no greater than  $11 \times 17$  for filing. Electronic version is acceptable, in addition. Drawings must indicate all relevant information including but not limited to: Fully dimensioned foundation, floor

- and structural plans; fire separation assemblies; door, window and room finish schedules; building elevations with critical dimensions; building/wall sections describing building construction and energy related details and showing critical vertical dimensions.
- COMcheck Envelope, Lighting and Mechanical Compliance Certificates and Plan Review Inspection Checklist for the purposes of demonstrating compliance with the energy code.
- Construction Control Document(s)
- □ Tier 1 Fire Protection System document per section 902.2.1
- Code analysis indicating (but not limited to) all use groups, construction types, allowable areas, fire separations, egress paths and distances. This analysis can be part of drawing set.
- □ Contractor credentials
- U Worker's Compensation Insurance Affidavit and copy of current certificate of insurance
- □ Recorded copy of any local regulatory board approvals
- □ If modular construction see items above

### Notes:

Dep Workers' Compensation Inst	Commonwealth of Massachusett partment of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017 www.mass.gov/dia urance Affidavit: Builders/Contractor LED WITH THE PERMITTING AUTHO	s/Electricians/Plumbers. RITY. Please Print Legibly				
City/State/Zip:	Phone #:					
<ul> <li>Are you an employer? Check the appropriate box:</li> <li>1. I am a employer withemployees (full a</li> <li>2. I am a sole proprietor or partnership and have no e any capacity. [No workers' comp. insurance requi</li> <li>3. I am a homeowner doing all work myself. [No worked.] I am a homeowner and will be hiring contractors to ensure that all contractors either have workers' comproprietors with no employees.</li> <li>5. I am a general contractor and I have hired the sub-These sub-contractors have employees and have w</li> <li>6. We are a corporation and its officers have exercise 152, §1(4), and we have no employees. [No worked* Any applicant that checks box #1 must also fill out the set <sup>†</sup> Homeowners who submit this affidavit indicating they an <sup>‡</sup>Contractors that check this box must attached an addition employees. If the sub-contractors have employees, they must also formation.</li> </ul>	employees working for me in ired.] rkers' comp. insurance required.] <sup>†</sup> o conduct all work on my property. I will mpensation insurance or are sole contractors listed on the attached sheet. vorkers' comp. insurance. <sup>‡</sup> ed their right of exemption per MGL c. ers' comp. insurance required.] ection below showing their workers' compensation re doing all work and then hire outside contractors a l sheet showing the name of the sub-contractors a nust provide their workers' comp. policy number.	must submit a new affidavit indicating such. and state whether or not those entities have				
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 day against the violator. A copy of this stateme coverage verification.	penalties in the form of a STOP WORK ent may be forwarded to the Office of In	CORDER and a fine of up to \$250.00 a vestigations of the DIA for insurance				
I do hereby certify under the pains and penal	ties of perjury that the information prov	vided 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:          Issuing Authority (circle one):						
1. Board of Health       2. Building Department       3. City/Town Clerk       4. Electrical Inspector       5. Plumbing Inspector         6. Other						
	Phone #:					



*Town of Truro Building Department P.O. Box 2030 Truro, Massachusetts 02666 Phone:(508)349-7004 Ext. 31; Fax:(508)349-5508* 

At a duly held public hearing conducted by the Truro Board of Selectmen on Tuesday 22, February 2011, the board unanimously approved the following building permit application fee schedule. The fee schedule will take effect on February 23, 2011.

# **BUILDING PERMITS**

# (WE HAVE A MINIMUM BUILDING PERMIT FEE OF \$50.00)

# **Residential**

New Construction Alteration Foundation only Sustaining/Retaining wall \$0.65 per sq. ft.\$0.50 per sq. ft.\$50 fee plus \$0.25 per linear ft.\$50 fee plus \$0.25 per linear ft.

**Express Permit** 

\$50 fee

**<u>Commercial</u>** (Anything other than 1-2 family, R-4 & R-5)

Apply residential fees and add 15%

## **Miscellaneous**

Signs, Zoning Permits Beach Stairs Mechanical/Sheet Metal \$50 fee\$50 fee1% of construction cost

## **Re-inspection and/or Extra Inspection Fees**

\$40 fee Residential \$60 fee Commercial

\*\* For any work with out a permit, the fees will be tripled.

\*\*\*Any work not covered by the above fee schedule will be assessed a fee of 1% of construction cost

\*\*\*\* Fees are non-refundable once permit has been issued.