Town of Truro
Building Department
PO Box 2030
24 Town Hall Rd, Truro MA 02666
(P) 508-349-7004 x31 (F) 508-349-5508

Permit #: _____

Fee: _____

Building Permit Application

Massachusetts State Building Code, 780 CMR, 8th Edition

SITE INFORMATION				
Project Site:				
Assessors Map & Parcel:		Zoning District:		
☐ Outside Flood Zone		☐ Inside Flood Zone – Specify:		
Setbacks:	Front:	Left Side:	Right Side:	Rear:
Lot Area (sq. ft.)		Frontage:		
Water Supply: ☐Private ☐Public		Subject to Policy 28: Curb Cut? **Y N** **If Yes, please attach a copy of the approval to this application.**		
SUBJECT TO NHESP/MESA REVIEW? **Y N**		* IF YES, PLEASE ATTACH A COPY OF THE APPROVAL.		

PROPERTY OWNERSHIP	
Owner of Record:	
Mailing Address:	
Phone:	E-mail:
Property Owner Authorization	
Signature:	Date:

PROJECT INFORMATION			
☐ Residential	☐ Commercial*	☐ Change of Use	☐ DEMO Subject to Chapter VI: Historic Properties Bylaw? **Y N**
***COMMERCIAL BUILDINGS IN EXCESS OF 35,000 CU. FT. MUST MEET CONTROL CONSTRUCTION REGULATIONS (780 CMR 116). ADDENDUM TO PERMIT APPLICATION AVAILABLE IN BUILDING DEPARTMENT.**			
☐ New Dwelling: # of units _____		☐ Commercial Building	
☐ Addition	☐ Alteration	☐ Mechanical	
☐ Accessory Structure: (type) _____		Other: _____	
Description of Proposed Work: _____			
Estimated Construction Cost:		Debris Disposal: (Landfill or Company Name)	
Floor Area: (Proposed Work Only)	Basement: ☐ unfinished _____	☐ finished _____	
1st flr:	2nd flr:	Porch/Deck:	Other:

#fireplaces:	#chimneys:	#bathrooms: existing _____ proposed _____
#bedrooms: existing _____ proposed _____		
Type of Heating System:		Type of Cooling System:
CONTRACTOR INFORMATION* *HOMEOWNER'S AFFIDAVIT REQUIRED IF OWNERS ARE DOING THEIR OWN WORK (RESIDENTIAL PROJECTS ONLY)		
Contractor Name:		
Address:		
Phone:		Email:
CSL#:	HIC #	

OFFICE USE

HEALTH/CONSERVATION AGENT Review & Approval: _____

_____

_____

_____

Signature:	Date:

Other Comments:_____

_____

_____

_____

BUILDING COMMISSIONER Review & Approval: _____

_____

_____

_____

Signature:	Issuance Date:

TOWN OF TRURO

Building Department
24 Town Hall Road
P.O. Box 2030, Truro MA 02666
Tel: 508-349-7004, Ext. 31 Fax: 508-349-5508

Building Permit Application Requirements

☐ 1 COPY OF COMPLETED APPLICATION **(must have homeowner authorization)**

☐ 2 COPIES OF BUILDING PLANS: **(1) full size copy and (1) copy NO GREATER than 11x17. Electronic version also acceptable. Plans should include foundation info (with engineering if required), elevations, floor plans with cross section views detailing all framing, insulation requirements, wall sheathing and covering, smokes & co's, and any engineering for Truss work, Microlams, LVL's, steel beams, etc.**

☐ APPROVAL OF SMOKES/COS BY TRURO FIRE DEPARTMENT

☐ 1 COPY OF SEPTIC/SITE PLAN

☐ 1 COPY OF WFCM CHECKLIST: **All NEW construction and lateral additions.**

☐ 1 COPY OF HERS RATING OR ENERGY STAR THERMAL BYPASS INSPECTION CHECKLIST: **Truro is Stretch Code Community therefore all NEW DWELLINGS require a HERS Rating, with any other project the Thermal Bypass Checklist/Prescriptive Method is acceptable.**

☐ 1 COPY ENERGY CALCS: **For heated additions (along with Thermal Bypass Checklist/Prescriptive Method for Stretch Code Requirements).**

☐ WORKERS COMPENSATION INSURANCE AFFDAVIT: **Submittal of Certificate of Insurance is required)**

☐ COPY OF CONSTRUCTION SUPERVISOR'S LICENSE & HOME IMPROVEMENT REGISTRATION NUMBER

OR,

☐ HOMEOWNER LICENSE EXEMPTION FORM

☐ 1 RECORDED COPY OF ANY REQUIRED BOARD APPROVALS: **Zoning Board of Appeals, Conservation, Board of Health, Planning Board/Site Plan Review, Historical Commission**

Modular Homes: Submit plans approved by Division of Inspection and evidence of 3rd party review. Project requires a CSL for foundation. Homeowner may **NOT** pull permit. Submit manufacturer's certification of installer/set crew.

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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	$0.65 per sq. ft.
Alteration	$0.50 per sq. ft.
Foundation only	$50 fee plus $0.25 per linear ft.
Sustaining/Retaining wall	$50 fee plus $0.25 per linear ft.
Express Permit	$50 fee

Commercial (Anything other than 1-2 family, R-4 & R-5)

Apply residential fees and add 15%

Miscellaneous

Signs, Zoning Permits	$50 fee
Beach Stairs	$50 fee
Mechanical/Sheet Metal	1% 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.

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 a 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 #:**_____

Residential Stretch Energy Code Compliance Checklist

The Town of Truro is a "Green Community. Currently, building projects must comply with the 2009 International Energy Conservation Code (IECC) along with 780 CMR, the Massachusetts State Building Code, Appendix AA ("Stretch Energy Code)

Property Address _____ Map_____ Parcel_____

check all that apply

☐ **New Construction** — New construction must conform to the Home Energy Rating System (HERS) and requires a certified HERS rater to evaluate proposed plans and must also certify the construction during critical stages of the work. This is a performance based system so any prescriptive measures outlined in the Code do not apply.

☐ **Additions**

- ☐ Performance option — follow procedure for new construction outlined above.
- ☐ Prescriptive option —
  - R values for each component shall conform to IECC Table 402.1.1 ***or*** the total thermal envelope of the addition shall be at least equivalent to that of the aggregate of prescriptive components (use ResCheck or equiv.)
  - Comply with EnergyStar Qualified Homes Thermal Bypass Inspection Checklist
  - Windows, doors and skylights shall be EnergyStar compliant for the North Region.
  - Ducts and air handlers in unconditioned space shall be pressure tested post-construction

☐ **Alterations, Renovations or Repairs**

- ☐ Performance option -
  - HERS rating required (although different criteria than new construction)
  - Compliance with the EnergyStar Qualified Homes Thermal Bypass Inspection Checklist.
- ☐ Prescriptive option —
  - Areas involving access of the building envelope shall require the affected portion of the envelope to comply with the prescriptive criteria for Additions.
  - Insulation shall meet IECC Table 402.1.1 or shall fill cavities with insulation with minimum R value of 3.5 per inch.

To the best of my knowledge the information outlined above is consistent with the building plans and specifications and other information submitted with the building permit application for the property noted above.

Owner/
Contractor_____ Signature_____ Date_____