



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, 8<sup>th</sup> 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 \_\_\_\_\_

1<sup>st</sup> flr:

2<sup>nd</sup> flr:

Porch/Deck:

Other:

#fireplaces:	#chimneys:	#bathrooms: existing _____ proposed _____	
#bedrooms: existing _____ proposed _____			
Type of Heating System:		Type of Cooling System:	
<b>CONTRACTOR INFORMATION*</b>			
*HOMEOWNER'S AFFIDAVIT REQUIRED IF OWNERS ARE DOING THEIR OWN WORK (RESIDENTIAL PROJECTS ONLY)			
Contractor Name:			
Address:			
Phone:		Email:	
CSL#:	HIC #		
<b>OFFICE USE</b>			
<b>HEALTH/CONSERVATION AGENT Review &amp; Approval:</b> _____			
_____			
_____			
_____			
Signature:		Date:	
<b>Other Comments:</b> _____			
_____			
_____			
_____			
<b>BUILDING COMMISSIONER Review &amp; Approval:</b> _____			
_____			
_____			
_____			
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 3<sup>rd</sup> party review. Project requires a CSL for foundation. Homeowner may NOT pull permit. Submit manufacturer's certification of installer/set crew.



***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	\$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.

# 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 \_\_\_\_\_

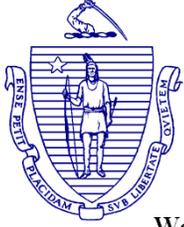
check all that apply

- 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 \_\_\_\_\_



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 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 #: \_\_\_\_\_

# 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 Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)