

BUILDING PACKET
ADDITIONS AND ALTERATIONS

**BUILDING INSPECTIONS DEPARTMENT PERMIT FEE
SCHEDULE EFFECTIVE JANUARY 02,2003**

NEW HOUSES	\$10 PER \$1000 OF ESTIMATED COST Min. Est. Cost based on \$120 per sq.ft.of livable space Plus: \$ 50 for driveway \$ 50 for foundation \$ 175 for Engineering
ADDITIONS, RENOVATIONS ROOFS, POOLS	\$10 PER \$1000 OF ESTIMATED COST Min. Est. Cost based on \$100 per sq.ft.of livable space
GARAGES	\$10 PER \$1000 OF ESTIMATED COST Min. Est. Cost based on \$50 per sq.ft.of livable space
DECKS, PORCHES	\$10 PER \$1000 OF ESTIMATED COST Min. Est. Cost based on \$40 per sq.ft.of livable space
DEMOLITION PERMIT	\$100
SHEET METAL PERMIT	\$100
MINIMUM FEE FOR ALL BUILDING INSPECTION PERMITS IS \$100 AS OF JULY 1,2006	

BUILDERS CHECKLIST FOR ADDITIONS / RENOVATIONS

Address of Property: _____

Check all that apply: Addition ____ Renovation ____ Remodel ____

1. Application for addition / renovation with all information necessary.
2. Application by owner of record or owners agent.
3. Copy of Construction Supervisors License.
4. Copy of Home Improvement Contractor registration and HIC affidavit.
5. Affidavit for Workers' Compensation Insurance.
6. Energy Conservation Application Form.
7. ^{one} Two copies of building plans showing existing and proposed structure, signed and sealed by a registered architect or structural engineer if requested.
8. One copy of the lot plot plan showing existing structures, proposed addition, required setbacks, well and septic locations.
9. Proposed smoke detector locations if required. (any addition / renovation of a bedroom, or major renovations, require the residence to be brought up to new construction requirements for smoke detectors).
10. Driveway application if being relocated to where it enters the public way.
11. Debris Disposal Affidavit Form.
12. BOH forms and questionnaire.
13. Conservation letter for wetlands (if work involves excavation operations)
14. Building permit fee.

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____ Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted I&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____ Telephone _____

Registration Number _____

Expiration Date _____

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.

Signature of Owner _____ Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name _____

Signature of Owner or Authorized Agent _____ Date _____
(Signed under the pains and penalties of perjury)

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floors 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"



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 a 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 (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 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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

**TOWN OF DOVER
BUILDING DEPARTMENT**

PERMIT NUMBER _____

Supplement to Permit Application

AFFIDAVIT

Home Improvement Contractor Registration Law

M.G.L., CHAPTER 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 of one and two family dwelling units, or to structures which are adjacent to such residences or building be done by registered contractors with certain exceptions, along with other requirements.

Type of work: _____

Address of work: _____

Total Cost of Contract: _____

Owners Name; _____

Contractor: (Print) _____

I hereby certify that registration is not required for the following reason;

Work excluded by law Work under \$1,000. Building not owner occupied

Owner pulling own permit. Other _____

SIGNED UNDER PENALTIES OF PERJURY:

I hereby apply for a permit as the agent of the owner. I have provided the home owner with all the Home Improvement Contractor Registration information and the Required Contract Terms per M.G.L. c. 142A.

Contractor _____ Date _____ Reg. No. _____

Notice is hereby given that: OWNERS PULLING THEIR OWN PERMITS OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L., CHAPTER 142A.

Notwithstanding the above notice I hereby apply for a permit as the owner of above property.

Homeowner _____ Date _____

TOWN OF DOVER BUILDING PERMIT

DEBRIS DISPOSAL AFFIDAVIT

IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS DEBRIS DISPOSAL PROVISIONS OF MASSACHUSETTS GENERAL LAW CHAPTER 40, SECTION 54, A CONDITION OF BUILDING PERMIT NUMBER _____ FOR DEMOLITION WORK IS THAT THE DEBRIS RESULTING FROM THIS WORK SHALL BE REMOVED FROM SITE AND DISPOSED OF IN A PROPERLY LICENSED SOLID WASTE DIPOSAL FACILITY AS DEFINED BY MGL C111, S150A.

Location of facility or name
of licensed Disposal Company _____

Construction site address _____

Signature of permit applicant _____

Date _____

**NO DEBRIS IS TO BE LEFT OR BURIED ON SITE.
VIOLATIONS MAY RESULT IN FINES BEING IMPOSED.**

CHAPTER 4

RESIDENTIAL ENERGY EFFICIENCY

SECTION 401 GENERAL

401.1 Scope. This chapter applies to residential buildings.

401.2 Compliance. Projects shall comply with Sections 401, 402.4, 402.5, and 403.1, 403.2.2, 403.2.3, and 403.3 through 403.9 (referred to as the mandatory provisions) and either:

1. Sections 402.1 through 402.3, 403.2.1 and 404.1 (prescriptive); or
2. Section 405 (performance).

401.3 Certificate. A permanent certificate shall be posted on or in the electrical distribution panel. The certificate shall not cover or obstruct the visibility of the circuit directory label, service disconnect label or other required labels. The certificate shall be completed by the builder or registered design professional. The certificate shall list the predominant *R*-values of insulation installed in or on ceiling/roof, walls, foundation (slab, *basement wall*, crawlspace wall and/or floor) and ducts outside conditioned spaces; *U*-factors for fenestration and the solar heat gain coefficient (SHGC) of fenestration. Where there is more than one value for each component, the certificate shall list the value covering the largest area. The certificate shall list the types and efficien-

cies of heating, cooling and service water heating equipment. Where a gas-fired unvented room heater, electric furnace, or baseboard electric heater is installed in the residence, the certificate shall list "gas-fired unvented room heater," "electric furnace" or "baseboard electric heater," as appropriate. An efficiency shall not be *listed* for gas-fired unvented room heaters, electric furnaces or electric baseboard heaters.

SECTION 402 BUILDING THERMAL ENVELOPE

402.1 General (Prescriptive).

402.1.1 Insulation and fenestration criteria. The *building thermal envelope* shall meet the requirements of Table 402.1.1 based on the *climate zone* specified in Chapter 3.

402.1.2 R-value computation. Insulation material used in layers, such as framing cavity insulation and insulating sheathing, shall be summed to compute the component *R*-value. The manufacturer's settled *R*-value shall be used for blown insulation. Computed *R*-values shall not include an *R*-value for other building materials or air films.

TABLE 402.1.1
INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT*

CLIMATE ZONE	FENESTRATION U-FACTOR ^b	SKYLIGHT ^b U-FACTOR	GLAZED FENESTRATION SHGC ^{b, e}	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE ⁱ	FLOOR R-VALUE	BASEMENT ^c WALL R-VALUE	SLAB ^d R-VALUE & DEPTH	CRAWL SPACE ^e WALL R-VALUE
1	1.2	0.75	0.30	30	13	3/4	13	0	0	0
2	0.65 ^j	0.75	0.30	30	13	4/6	13	0	0	0
3	0.50 ^j	0.65	0.30	30	13	5/8	19	5/13 ^f	0	5/13
4 except Marine	0.35	0.60	NR	38	13	5/10	19	10/13	10, 2 ft	10/13
5 and Marine 4	0.35	0.60	NR	38	20 or 13+5 ^h	13/17	30 ^g	10/13	10, 2 ft	10/13
6	0.35	0.60	NR	49	20 or 13+5 ^h	15/19	30 ^g	15/19	10, 4 ft	10/13
7 and 8	0.35	0.60	NR	49	21	19/21	38 ^g	15/19	10, 4 ft	10/13

For SI: 1 foot = 304.8 mm.

- a. *R*-values are minimums. *U*-factors and SHGC are maximums. R-19 batts compressed into a nominal 2 × 6 framing cavity such that the *R*-value is reduced by R-1 or more shall be marked with the compressed batt *R*-value in addition to the full thickness *R*-value.
- b. The fenestration *U*-factor column excludes skylights. The SHGC column applies to all glazed fenestration.
- c. "15/19" means R-15 continuous insulated sheathing on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. "15/19" shall be permitted to be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulated sheathing on the interior or exterior of the home. "10/13" means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- d. R-5 shall be added to the required slab edge *R*-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- e. There are no SHGC requirements in the Marine Zone.
- f. Basement wall insulation is not required in warm-humid locations as defined by Figure 301.1 and Table 301.1.
- g. Or insulation sufficient to fill the framing cavity, R-19 minimum.
- h. "13+5" means R-13 cavity insulation plus R-5 insulated sheathing. If structural sheathing covers 25 percent or less of the exterior, insulating sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25 percent of exterior, structural sheathing shall be supplemented with insulated sheathing of at least R-2.
- i. The second *R*-value applies when more than half the insulation is on the interior of the mass wall.
- j. For impact rated fenestration complying with Section R301.2.1.2 of the *International Residential Code* or Section 1608.1.2 of the *International Building Code*, the maximum *U*-factor shall be 0.75 in Zone 2 and 0.65 in Zone 3.

DOVER BOARD OF HEALTH
PROJECT EVALUATION FOR BUILDING PERMIT
DWELLING – ADDITIONS – ALTERATIONS – RENOVATION

Date Received: _____ This form and a fee of \$500 made payable to The Town of Dover should be turned into the Board of Health office. Please read both sheets. Please make copy for Building Dept.

PROJECT ADDRESS: _____

CONTRACTOR'S NAME: _____ Tel: _____
PRINT OR TYPE

CONTRACTOR'S ADD: _____
NO STREET ADD. TOWN STATE ZIP

OWNER'S: _____
PRINT OR TYPE

OWNER'S SIGNATURE: _____ Tel: _____

PROJECT DESCRIPTION: _____

PLEASE READ ADDITIONAL INSTRUCTIONS BEFORE PROCEEDING*

Is there a change in the Building footprint? Yes No

How many rooms are in the house? DO NOT count bathrooms, closets, hallways, unfinished cellars, and unheated storage areas over garage.

EXISTING NUMBER OF ROOMS: _____ NUMBER OF ROOMS TO BE ADDED: _____

EXISTING NUMBER OF BEDROOMS? _____ NUMBER OF BEDROOMS TO BE ADDED. _____

If any new rooms are created, provide neat sketch or complete floor plans of structure showing the before and after the addition.

What is the area of square feet if interior addition or exterior change in footprint? _____ Square feet

The Building must have a SEPTIC TANK in compliance with Title V in gallonages: _____

A neatly drawn to scale plot plan must be submitted with this request showing:

- PROPERTY LINE
- EXISTING STRUCTURE(S) FOOTPRINT – LABELED
- PROPOSED STRUCTURE
- LOCATION OF SEPTIC TANK AND LEACHING AREA OR CESSPOOL (LABELED)
- LOCATION OF WELL OR WATERLINE
- TYPE OF FOUNDATION
 - FULL BASEMENT
 - SLAB
 - POST OR COLUMNS

➤ SETBACK OF ADDITON OR POOL TO SEPTIC TANK, LEACHING AREA, OR CESSPOOLS

BOARD OF HEALTH ACTION DATE: _____ APPROVAL: _____ DISAPPROVAL: _____

REASON FOR DISAPPROVAL OR OTHER COMMENTS OR CONDITIONS _____

BY: _____ AGENT

**BOARD OF HEALTH PROJECT EVALUATION FOR BUILDING PERMIT
DWELLING – ADDITIONS – ALTERATIONS – RENOVATIONS
ADDITIONAL INTRUCTIONS**

WHAT IS A BEDROOM?

If the total number of rooms is under 8, the number of bedrooms is the number of rooms divided by two (2). If this results in a fraction of a room, round off the number down.

A BEDROOM IS DEFINED AS FOLLOWS:

1. Has 70 square feet or more area.
2. Provides privacy for sleeping (has a door)
3. Has one window (sufficiently large enough for emergency exit)
4. Ventilation and Electrical Service
5. And ceiling height is at least 7'0"

WHAT IF A BEDROOM IS ADDED?

Since this increases the design flow to the system. Title 5 requires that the system complies with its requirements or be upgraded. Unless it is clearly known from existing records that the existing system is in compliance with Title 5 for the dwelling with the additional flow, the system must be upgraded. If it is uncertain, the system must be inspected by a state approved inspector to establish this fact and to determine whether or not the system is "failed".

WHAT IF ONLY THE BUILDING IS CHANGED?

The building must have a Septic Tank in compliance with Title V in gallonage. It must be determined that the location of the addition to the footprint will not interfere with, or be too close to the septic system and well. This fact can be established either from:

1. Showing an accurate location from existing records or
2. Determine that the system is on the opposite side of the building

If neither can be done, an approved inspector must inspect the system, to the extent that the actual location of the components of the system can be determined accurately. A full inspection is not required unless a bedroom is added.

MEMORANDUM

TO: All Contractors working in Dover

FROM: Dover Conservation Commission

Massachusetts state laws and the Dover town bylaws give the Dover Conservation Commission jurisdiction over all activities conducted within:

- ✓ 100 feet of all wetlands
- ✓ 100 feet of a vernal pool
- ✓ 200 feet of a perennial stream or river

Before your building or demolition permit can be granted, you must provide the Building Department with a letter stamped by a registered professional engineer, land surveyor or other qualified wetlands professional stating that no work (including cutting, clearing, landscaping, storage of materials, or movement of vehicles or equipment) will be performed within the setbacks listed above.

If any phase of your project involves work within these setbacks, you must file a Request for Determination of Applicability or Notice of Intent with the Dover Conservation Commission.

For more information, or to obtain filing forms, contact the Dover Conservation Commission at (508) 785-0032 ext. 233 Monday thru Thursday 9am to 3pm.

In order to protect the health and safety of the general public The Dover Board of Health is adopting the following policies.

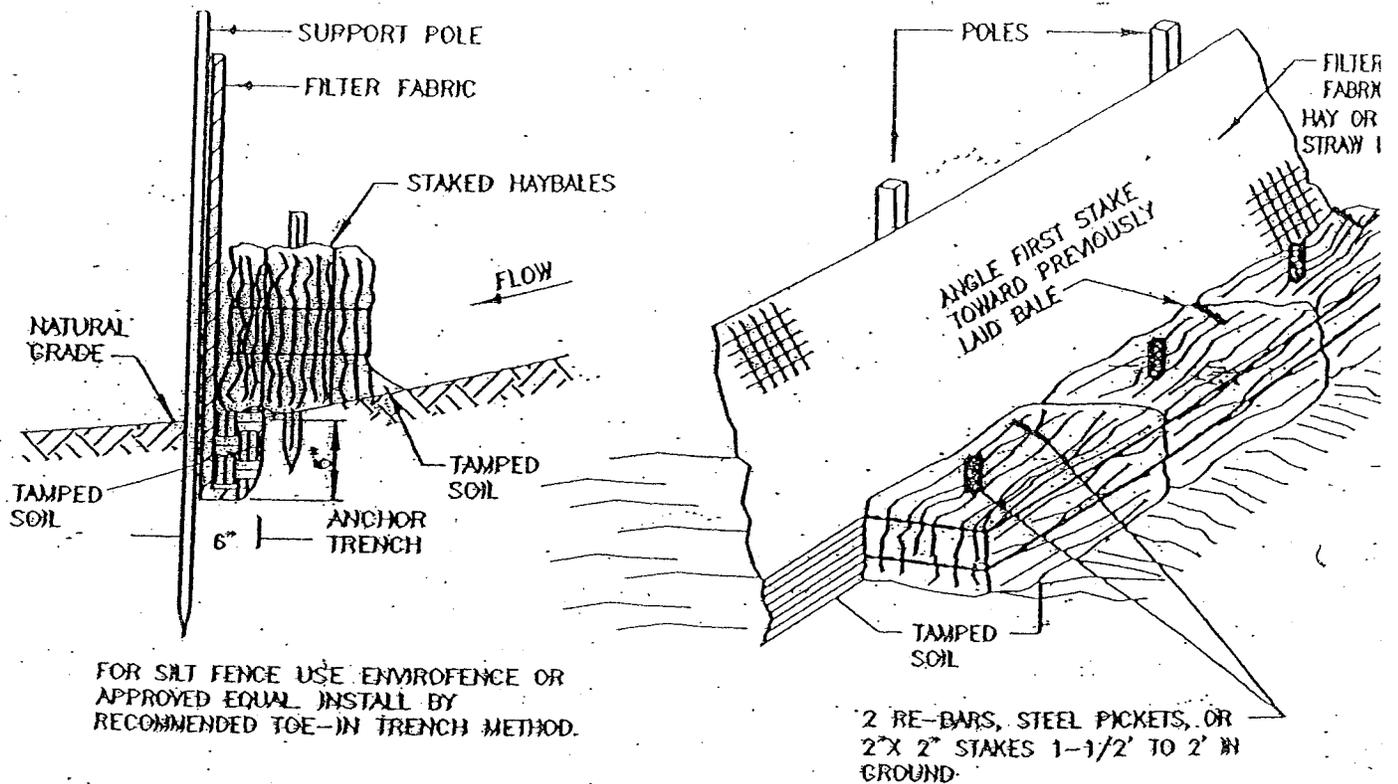
EROSION CONTROL NOTES

THE FOLLOWING EROSION CONTROL SPECIFICATIONS ARE IN EFFECT WHEN SITE ALTERNATION WORK IS CONTEMPLATED TO PREVENT DOWN GRADIENT OR ADJACENT AREAS FROM BEING ADVERSELY IMPACTED.

1. PRIOR TO ANY DISTURBANCE OR ALTERATIONS ON ANY AREA ON THE SITE. A HAYBALE AND SILT FENCE SEDIMENT BARRIER SHALL BE INSTALLED IN THE LOCATION SHOWN ON THE SITE PLAN.
2. BARRIERS SHALL BE CONSTRUCTED AS SHOWN ON THE HAYBALE AND SELT FENCE DETAIL R-3 ATTACHED.
3. ONCE INSTALLED. THE STAKED HAYBALE AND SILT FENCE SEDIMENT BARRIERS SHALL BE MAINTAINED IN PLACE UNTIL ALL ARRAS UPGRADIENT FROM THE BARRIERS HAVE BEEN STABILIZED AS SPECIFIED HEREIN UPON COMPLETION AND STABILIZATION OF THE PROJECT. THE HAYBALES AND SILT FENCE SHALL BE REMOVED.
4. THE STAKED HAYBALE AND SILT FENCE SEDIMENT BARRIERS ARE ALSO INTENDED TO ACT AS A LIMIT OF DISTURBANCE. ANY LAND DOWN GRADIENT FROM THE BARRIER ACCIDENTLY DISTURBED SHALL BE IMMEDIATELY REPAIRED AND RESTORED TO ORIGINAL CONDITION.
5. ALL DISTURBED AREAS NOT OTHERWISE DEVELOPED OR WHERE SPECIAL STABILIZATION MEASURES OR LANDSCAPE PLANTINGS ARE NOT PROPOSED SHALL BE LOAMED AND SEEDED. NO LESS THAN FOUR INCHES OF LOAM TOPSOIL SHALL BE SPREAD AND THE AREA SEEDE WITH CONSERVAITON MIX.
6. ALL AREAS OUTSIDE THE LIMIT OF WORK ARE TO BE LEFT UNDISTURBED DURING SITE WORK ALL PERSONS AND EQUIPMENT SHALL STAY OUTSIDE THESE AREAS TO PRESERVE THE EXISTING VEGETATION.
7. ALL SLOPES CAUSED BY EXCAVATION OF EXISTING GROUND, OR FILL OVER EXISTING GROUND TO CREATE BERMS OF EARTH MATERIALS OR RESULTING FROM RECONTOURING LAND SHALL BE NO GREATER THAN 3:1 HORIZONTAL TO VERTICAL. THE TOE OF SLOPES IN FILL AREAS OR TOP OF SLOPE IN EXCAVATED AREAS SHALL BE NO CLOSEDR THAN 5 FEET FROM ADJACENT LOT LINES

PLEASE NOTE THAT THE ABOVE PROVISIONS WILL BE STRICTLY ENFORCED BY THE BOARD OF HEALTH, SUPERINTENDENT OF STREETS, AND TOWN ENGINEER.

9/16/04



STAKED HAYBALE AND SILT FENCE SEDIMENT BARRIER DETAIL

(NO SCALE)

R-3

POST PERMIT CARD IN A DRY VISABLE LOCATION

REQUIRED INSPECTIONS:

EXCAVATION

Call for Inspection, bottom of hole before footings / foundation forming.

FOOTINGS

Call for Inspection of footings prior to setting foundation forms.

FOUNDATION

Call for foundation Inspection after forms have been stripped, waterproofing applied.

ROUGH ELECTRIC

Call for rough electrical inspection when rough wiring is complete.

ROUGH PLUMBING and / or GAS FITTING

Call for inspection of rough plumbing when rough plumbing is complete.

ROUGH SMOKE / HEAT DETECTOR

Call for Inspection (Fire Dept.) when rough framed prior to wiring for locations.

ROUGH FRAMING

Call for rough frame inspection after framing is complete and building is weather tight. Make sure plumbing, wiring and smoke roughs are signed off on the card.

INSULATION INSPECTION

Call for insulation inspection after insulation, venting, and vapor barriers are in place.

FINAL INSPECTIONS

Call for final inspections from respective inspectors as needed. The final building inspection will be made only after all other final inspections have been signed off.

Certificate of Occupancy will be issued only after all Inspectors, Departments, Boards and Committees involved have signed off.

**IT IS YOUR RESPONSIBILITY TO GET ALL SIGN OFFS ON THE BUILDING CARD.
BE SURE THE CARD IS AVAILABLE AND VISABLE FOR THE INSPECTORS.
NO BUILDING ROUGH OR FINAL WILL BE MADE WITHOUT SIGNATURES.**

PHONE NUMBERS:

Building	508-785-0032 x225	Electrical	508-785-0032 x245
Plumbing	781-444-3392	B.O.H.	508-785-0032 x232
Smoke/Burner	508-785-1130	ConCom	508-785-0032 x233
Highway	508-785-0058	Engineer	508-785-8112

THE 7TH Edition of the Massachusetts Building Code requires the following concerning smoke detectors, carbon monoxide detectors and other Life Safety Systems: (Please call Deputy Chief David Tiberi for approval of the location of all safety systems 508-785-1130)

Life Safety System Requirements:

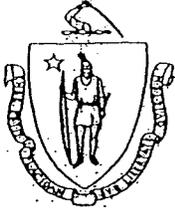
780 CMR 9304.8 Additions, alterations and repairs: When one or more sleeping rooms are added or created in existing dwellings, the entire building shall be provided with smoke detectors designed and located as required for new dwellings.

5313.2.11 Photoelectric smoke detector requirements: Any smoke detector located within 20 feet of a kitchen or within 20 feet of a bathroom containing a tub or shower shall be a photoelectric type smoke detector.

Heat detectors refer to CMR 780 5313.3

Carbon Monoxide detectors refer to CMR 780 5313.4

Sprinklers(having an aggregate area greater than 14,400 square feet including basements requires sprinklers) refer to CMR 780 5313.5.



Deval L. Patrick
Governor

Timothy P. Murray
Lieutenant Governor

The Commonwealth of Massachusetts
Department of Public Safety

§
Department of Labor, Division of Occupational Safety
Boston, Massachusetts 02108

www.mass.gov

Kevin M. Burke
Secretary
Executive Office of Public
Safety & Security

Suzanne M. Bump
Secretary
Executive Office of Labor &
Workforce Development

Thomas G. Gatzunis, P.E.
Commissioner
Department of Public Safety

Laura M. Martin
Commissioner
Division of Occupational Safety

Notice of New Regulation
Excavation & Trench Safety Regulation
520 CMR 14.00

- This new PUBLIC SAFETY regulation is required by statute and is designed to prevent the general public from falling into an unattended trench and suffering an injury or fatality.
- Under the new regulation, a trench is defined as a subsurface excavation greater than 3' in depth, and is 15 feet or less between soil walls as measured from the bottom.
- All regulated trenches must be attended, covered, barricaded, or backfilled. Covers must be road plates at least ¾" thick or equivalent, barricades must be fences at least 6' high with no openings greater than 4" between vertical supports and all horizontal supports required to be located on the trench-side of the fencing.
- This applies to all construction-related trenches on public ways, public property, or private property.
- To ensure that all excavators are aware of and follow these new public safety regulations, a permit will be required prior to excavation of all regulated trenches.
- All excavators must obtain a trench permit for each trench site. The new trench permit will require information such as the name of excavator, the location of trench, a certificate of insurance, and the Dig Safe number.
- Under the regulation, municipalities must designate a permitting authority to issue the required permits for trenches on public ways or private property within the municipality. For state property, the relevant state authority will issue the permits.
- Municipalities may collect a reasonable fee to cover administrative costs of issuing permits.
- Permitting authorities are not required to conduct inspections of trenches for which they have issued permits. However, a permitting authority notified of a potential violation is authorized to take action, including an immediate shutdown, if violations of the new regulation are identified. Excavators may also be subject to administrative fines issued by the Department of Public Safety for violations.
- Municipal or state departments conducting excavations, such as a municipal water department or state highway authority, will be required to obtain a new trench permit.
- ~~This new regulation in no way modifies or supersedes existing trench worker safety regulations. Workers in trenches must comply with the existing OSHA Excavation Standard, 29 CFR 1926, Subpart P. This new public safety regulation is entirely separate from and has no relationship to the existing trench worker safety standard.~~
- This is only a summary of the regulation. Please read the full regulation and obtain further information at www.mass.gov/dps or www.mass.gov/dos.

Commonwealth of Massachusetts

Town of Dover

Sheet Metal Permit

Date: _____ Permit # _____

Estimated Job Cost: \$ _____ Permit Fee: \$ _____

Plans Submitted: YES ___ NO ___ Plans Reviewed: YES ___ NO ___

Business License # _____ Applicant License # _____

Business Information: Property Owner / Job Location Information:

Name: _____ Name: _____

Street: _____ Street: _____

City/Town: _____ City/Town: _____

Telephone: _____ Telephone: _____

Photo I.D. required / Copy of Photo I.D. attached: YES ___ NO ___ Staff Initial _____

J-1 / M-1-unrestricted license

J-2 / M-2-restricted to dwellings 3-stories or less and commercial up to 10,000 sq. ft. / 2-stories or less

Residential: 1-2 family ___ Multi-family ___ Condo / Townhouses ___ Other ___

Commercial: Office ___ Retail ___ Industrial ___ Educational ___

Institutional ___ Other ___

Square Footage: under 10,000 sq. ft. ___ over 10,000 sq. ft. ___ Number of Stories: ___

Sheet metal work to be completed: New Work: ___ Renovation: ___

HVAC ___ Metal Watershed Roofing ___ Kitchen Exhaust System ___

Metal Chimney / Vents ___ Air Balancing ___

Provide detailed description of work to be done:

INSURANCE COVERAGE:

I have a current liability insurance policy or its equivalent which meets the requirements of M.G.L. Ch. 112 Yes No

If you have checked Yes, indicate the type of coverage by checking the appropriate box below:

A liability insurance policy Other type of indemnity Bond

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Check One Only

Owner Agent

Signature of Owner or Owner's Agent

By checking this box , I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all sheet metal work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts Building Code and Chapter 112 of the General Laws.

Duct inspection required prior to insulation installation: YES _____ NO _____

Progress Inspections

Date

Comments

<u>Date</u>	<u>Comments</u>
_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date

Comments

<u>Date</u>	<u>Comments</u>
_____	_____

By _____ Title _____ City/Town _____ Permit # _____ Fee \$ _____ Inspector Signature of Permit Approval	Type of License: <input type="checkbox"/> Master <input type="checkbox"/> Master-Restricted <input type="checkbox"/> Journey person <input type="checkbox"/> Journey person-Restricted <input type="checkbox"/> _____	_____ Signature of Licensee License Number: _____ Check at www.mass.gov/dpl
--	--	--

TOWN OF DOVER
Building Department

HOMEOWNER LICENSE EXEMPTION

PLEASE PRINT

Work Location Address _____

"Homeowner" _____
Name Home Phone Work Phone

Present Address _____

City/Town State Zip Code

780 CMR The Massachusetts State Building Code: Section 5108.3.5, Licensing of Construction Supervisors.

5108.3.5.1-in partno individual shall be engaged in directly supervising persons engaged in construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by the provisions of 780 CMR 51.00 through 99.00 unless said individual is licensed in accordance with 780 CMR 110.R5 Construction Supervisors.

Exception: Any homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 5108.3.5 (Construction Supervisors) provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as supervisor.

A homeowner is defined as follows: Person(s) who owns a parcel of land on which he or she resides or intends to reside, on which there is, or is intended to be, a one or two family dwelling, attached or detached structures 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.

LACK OF AWARENESS

Homeowners that use this exemption must be aware they assume full responsibilities of a licensed construction supervisor.

The Building Official cannot act as consultant to the homeowner for building code regulations or construction practices.

The Building Official cannot proceed effectively against unlicensed person(s) as it would with licensed supervisors. The homeowner acting as supervisor is ultimately responsible.

The undersigned homeowner stipulates that he/she has read and understands the above and assumes responsibility for compliance with the State Building Codes and other applicable codes, by-laws or any related rules and regulations.

The homeowner further certifies that he/she understands the Town of Dover Building Department minimum inspections procedures and requirements and that he/she will comply with said procedures and requirements.

Sworn to and Subscribed under penalty of perjury.

HOMEOWNER'S SIGNATURE _____ Date _____

Approval of Building Official _____ Date _____