



Town of Goshen
40 Main Street
Goshen, MA 01032
413-268-8236 X305

Building Permit Application – General Form

Building Permit Number: _____

Date Applied: _____

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 OWNERSHIP

2.1 Owner of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner Occupied <input type="checkbox"/>	Repair (s) <input type="checkbox"/>	Alteration (s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Building <input type="checkbox"/>	Number of Units _____		Other <input type="checkbox"/> Specify _____	

Description of Proposed Work: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Total Project Cost: \$ _____

Permit Fee: \$ _____
Check
Check Number: _____
Cash

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

CSL Designation

Photocopy of Mass. C. S. License (both sides) and HIC registration must be included with each application**5.2 Registered Home Improvement Contractor (HIC) or Exemption Affidavit Form**

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

I, as Owner of the subject property, do hereby authorize (Print name) _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b: AUTHORIZED AGENT DECLARATION/OWNER DECLARATION

By entering my name (Print name), _____, I hereby attest under the pains and penalties of perjury that all the information contained in this application is true and accurate to the best of my knowledge and understanding.

Agent/Owner Signature

Date

HOMEOWNER EXEMPTION

1. Homeowner Exemption Affidavit required
2. M.G.L. Ch. 152 (Workers Compensation) affidavit required
3. M.G.L. Ch. 142A Home Improvement Contractor Law exemption affidavit required

Special Notes:



BUILDING PERMIT APPLICATION REQUIREMENTS

1. Application filled out completely. Must include tax collector form.

Other forms to include (as applicable)

- Workers compensation form
- Homeowner exemption form
- HIC exemption form
- Demolition sign-off form

2. Fee submitted - calculated per Fee Schedule
3. Three sets of construction plans; drawn clearly and dimensioned
4. Site Plan – MUST be included with any permit to alter, construct or re-construct
5. All new construction MUST submit Mass Energy Code Compliance information (Goshen is a Stretch Energy Code Community)
6. Required Approvals to be submitted with permit application as applicable:
 - Highway Department (driveway)
 - Board of Health (well, onsite sewerage)
 - Fire Department (house #, fire protection)
 - Conservation (wetland protection, flood plain)
 - Planning Board (subdivision, ANR)
 - Zoning Board (copy of recorded decision: finding, special permit, variance)



**Goshen Building Department
40 Main Street
Goshen, MA 01032**

HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, _____ (full legal name), born
_____ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:
Person(s) who owns a parcel of land on which he/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 home owner.
4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this _____ day of _____, 20__.

(signature)

**Phone: (413)268-8236, ext. 116; Fax: (413)268-8237
inspector@goshen-ma.us**

Goshen Inspection Program

40 Main St
Goshen, MA 01032
(413) 268-8236 x116

AFFIDAVIT Home Improvement Contractor Law Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alternation, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units ...or to structures which are adjacent to such residence or building" be done by registered contractor's, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost _____

Address of Work _____

Owner Name _____

Date of Permit Application: _____

I hereby certify that:

Registration is not required for the following reason(s):

- ☐ Work excluded by law
- ☐ Job under \$1,000
- ☐ Building not owner-occupied
- ☐ Owner pulling own permit
- ☐ Other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor's Name Registration No.

OR:

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

Date Owner's Name



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



Goshen Building Department
40 Main Street
Goshen, MA 01032

PERMIT SIGNATURE SHEET – PERMIT # _____

STREET ADDRESS _____ MAP# _____ LOT# _____

FOR NEW HOUSE CONSTRUCTION, YOU MUST OBTAIN THE FOLLOWING SIGNATURES:

CONSERVATION COMMISSION: conservation@goshen-ma.us
413-268-8236 x451 or 413-695-3500

Conservation Commission Chair's Signature _____ Date _____

BOARD OF HEALTH & HEALTH AGENT: healthboard@goshen-ma.us
413-268-8236 x 110, 413-268-8404

Health Agent's Signature _____ Date _____

HIGHWAY DEPARTMENT: highway@goshen-ma.us 413-268-7062

Highway Superintendent's Signature _____ Date _____

FIRE DEPARTMENT: goshenfirechief@goshen-ma.us 413-268-7161

Fire Chief's Signature _____ Date _____

FOR ADDITIONS & GROUND MOUNTED SOLAR INSTALLS, YOU MUST OBTAIN THE FOLLOWING SIGNATURES:

CONSERVATION COMMISSION: conservation@goshen-ma.us
413-268-8236 x451 or 413-695-3500

Conservation Commission Chair's Signature _____ Date _____

BOARD OF HEALTH & HEALTH AGENT: healthboard@goshen-ma.us
413-268-8236 x 110, 413-268-8404

Health Agent's Signature _____ Date _____

FOR GARAGES, DECKS OR OTHER OUT BUILDINGS OVER 200 SQ FT, YOU MUST OBTAIN THE FOLLOWING SIGNATURES:

CONSERVATION COMMISSION: conservation@goshen-ma.us
413-268-8236 x451 or 413-695-3500

Conservation Commission Chair's Signature _____ Date _____

Building Department Fee Schedule Effective 9/1/2021

40 Main Street, Goshen, MA 01032

(413) 268 8236 x 116

inspector@goshen-ma.us

<https://www.goshen-ma.us/departments/building-department/>

Valuation of Project

All proposed projects will be assigned a value as indicated below:

- Dwelling units (new construction and additions): _____ \$150.00/Sq. Ft.
- Residential accessory buildings & non-living space: _____ \$30.00/Sq. Ft.
- Conversion of non residential space to living space: _____ \$120.00/Sq. Ft.
- Residential garages: _____ \$30.00/Sq. Ft.
- Commercial and industrial new construction and additions: _____ \$200.00/Sq. Ft.
- Commercial accessory buildings: _____ \$50.00/Sq. Ft.
- Conversion of non-commercial /industrial space
to commercial/industrial space: _____ \$150.00/Sq. Ft.

Note: In cases where square footage is not relevant, fee will be based on a sound estimate of cost as determined by the Building Inspector.

Fees [*fees below are doubled when construction is started prior to issuance of a permit*]

Upon determination of project cost, fees shall be assessed at a rate of \$8.00 per \$1,000.00 of value. There shall be a minimum fee in all cases of \$50 except as noted below.

- Siding, re-roofing, replacement windows for 1 & 2 family residences and for remodeling:
\$50.00 [if total value is less than \$8,000]
\$8.00 per \$1,000.00 [if total value is \$8,000 or greater]
 - Change of use & occupancy (no structural renovations): _____ \$50.00
 - In ground pool: _____ \$100.00
 - Above ground pool: _____ \$50.00
 - Temporary dwelling or construction trailer: _____ \$50.00
 - Solar Installation - Residential: _____ \$150.00
 - Solar Installation - Commercial: _____ \$8.00 per \$1,000.00 of value
 - Permit for residential foundation only: _____ \$50.00
 - Wood stove or chimney permit (Wood stove permit fee waived, in 1 or 2 family construction, if proposed installation is noted on the application for permit to construct or alter residence): _____ \$50.00
 - Replacement of permit card or other certificate: _____ \$20.00
 - Stop work order (posted or lifted): _____ \$50.00
 - Re-inspection fee (each visit): _____ \$30.00
 - Signs that are permanent (for questions contact the Building Inspector): _____ \$50.00
 - Fire or natural disaster repairs for 1 & 2 family residence: _____ \$50.00
 - Demolition: _____ \$50.00
 - Inspections requested when not related to any issuance of permit: _____ \$25.00
-

Contact Information for Navigating Building & Inspection Processes

Board or Department & Web page address	Contact Information	Relevant Services See department web page for complete information
Building Department www.goshen-ma.us/departments/building-department/	413-268-8236 ext. 116 413-268-8237 fax Inspector@goshen-ma.us	Building permits Inspections General building code information and enforcement
Electrical Inspector www.goshen-ma.us/departments/building-department/	413-320-1156 413-268-8236 ext. 107	Electrical Permits & Inspections
Inspector of Plumbing & Gas Fitting www.goshen-ma.us/departments/building-department/	413-268-7487	Plumbing & Gas permits & inspections
Board of Health & Health Agent www.goshen-ma.us/departments/board-health-health-agent/	413-268-8236 ext. 110 413-268-8237 fax healthboard@goshen-ma.us	Perk tests, septic system and well designs, installations and inspections Food service inspections
Conservation Commission www.goshen-ma.us/departments/conservation-commission/	413-268-8236 ext. 451 413-268-8237 fax conservation@goshen-ma.us	Protection of wetland resource areas
Board of Assessors www.goshen-ma.us/departments/board-of-assessors/	413-268-8236 ext. 302 413-268-8237 fax assessors@goshen-ma.us	Property & tax records Assessment Inspections Abutters lists
Planning Board www.goshen-ma.us/departments/planning-board/	781-424-6945 413-268-8237 fax	Zoning bylaws
Zoning Board of Appeals www.goshen-ma.us/departments/zoning-board-of-appeals/	413-268-8236 ext.452 413-268-8237 fax zba@goshen-ma.us	Special Permits, Variances and appeals as found in the town bylaws
Fire Department www.goshen-ma.us/departments/goshen-fire-department/	413-268-7161 413-268-8237 fax goshenfirechief@goshen-ma.us	House numbering assignment Smoke & carbon monoxide detector inspections New Oil burner or oil tank inspections Sprinkler or alarm system inspections Oil tank removal inspection
Highway Department www.goshen-ma.us/departments/highway-department/	413-268-7062 413-268-8237 fax highway@goshen-ma.us	Driveway permits
Town Clerk www.goshen-ma.us/departments/town-clerk/	413-268-8236 ext. 107 413-268-8237 fax clerk@goshen-ma.us	General Information

Goshen Inspection Program

40 Main St.

Goshen, MA 01032

Ph. (413) 268-8236 x116 – Fax. (413) 268-8237

DEMOLITION PERMIT SIGN-OFF SHEET

(supplement to permit application)

I, _____, hereby supply the following releases as part of the application for a permit to demolish the structure located at _____, and is shown as being on Map # _____ Parcel# _____, and is currently owned by _____.

The sixth edition of the Massachusetts State Building Code, 780 CMR – section 112.0, states in part “*A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as; meters and regulators have been removed or sealed and plugged in a safe manner.*”

Gas Co.	Date: _____	Verified by: _____
Telephone Co.	Date: _____	Verified by: _____
Electric Co.	Date: _____	Verified by: _____
Board of Health (water, sewer, baiting)	Date: _____	Verified by: _____
Fire Department	Date: _____	Verified by: _____
Department of Labor & Industries	Date: _____	Verified by: _____
Conservation Commission	Date: _____	Verified by: _____

Name of demolition debris hauler: _____

Location of licensed demolition debris landfill: _____

Signature of Applicant: _____ Date: _____

Revised 2013