

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address

If applicable, the property owner hereby authorizes

Name Street Address City/Town State Zip

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant) Telephone No. e-mail address Registration Number
Street Address City/Town State Zip Discipline Expiration Date

10.2 General Contractor

Company Name
Name of Person Responsible for Construction License No. and Type if Applicable
Name Street Address City/Town State Zip
Telephone No. (business) Telephone No. (cell) e-mail address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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. Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Table with 2 columns: Item, Estimated Costs: (Labor and Materials). Includes rows for Building, Electrical, Plumbing, Mechanical (HVAC), Mechanical (Other), and Total Cost. Includes Building Permit Fee information and payment options (Check No., Check Amount, Cash Amount, Paid in Full, Outstanding Balance Due).

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

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

Please print and sign name Title Telephone No. Date
Street Address City/Town State Zip Email

Municipal Inspector to fill out this section upon application approval: Name Date

STRETCH CODE COMPLIANCE – ENERGY CONSERVATION

The City of Holyoke has approved the Stretch Energy Code, 780CMR Appendix 115.AA. The requirements are in addition to the requirements of the 2009 ICC International Energy Conservation Code (IECC).

COMMERCIAL BUILDINGS

INCLUDING RESIDENTIAL, 4 STORY OR MORE

Check all that are applicable to the proposed project:

- New Construction (see over)
- Proposed Work is a renovation or alteration of an existing building and is exempt from Stretch Code requirements. Project will comply with all current IECC requirements.
- Proposed Work includes a change to the lighting array or changes to the existing lighting. Project lighting will comply with all current Stretch Code and IECC requirements.
- Roof Replacement – roof insulation shall meet insulation values as specified in current IECC. 780CMR 115AA §101.4.3 Applicability – Exception 4 requires that un-insulated roofs Or walls be insulated to the current code requirements when the sheathing is exposed as part of The re-roofing or re-siding of the building.
- I declare that the work is EXEMPT under 780CMR 115AA §101.4.3. Exception # _____

The following documentation has been submitted with application:

- Energy Modeling Report
- Building Envelope Specifications
- Lighting Power Density Report (required for any new lighting installation)
- Equipment, Testing and Commissioning Schedule

I, the undersigned, certify knowledge and understanding of the energy conservation requirements as enforced by the City of Holyoke, and certify that the above information is accurate to the proposed construction.

Building Owner's Signature _____ Date _____

Contractor's Signature _____ Date _____

If work is under design provision of Sec. 116 780CMR, Construction Control, the following is required:

Registered Design Professional _____

Reg. Des. Prof's. Signature _____ Date _____

NEW CONSTRUCTION
COMMERCIAL - RESIDENTIAL 4 or MORE STORY

Check all that are applicable to proposed new construction

- Buildings Under 5,000 ft²** - Exempt from Stretch Code Requirements (must comply with IECC 2012)
- Buildings 5000 ft² - 100,000 ft²** (including residential buildings of 4 or more stories)
 - Performance Option (120AA 501.1.1 780 CMR)
Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
 - Prescriptive Option (120AA 501.1.4 780 CMR)
Compliant with Ch. 5 IECC, plus Stretch Code requirements plus one of the following –
 - More efficient heating and cooling equipment
 - More efficient lighting
 - Provide at least 3% of the onsite electric load from onsite renewable generation
- Buildings Over 100,000 ft²** (including residential buildings of 4 or more stories)
 - Performance Option (120AA 501.1.1 780CMR)
Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
- Special Case Buildings greater than 40,000 ft²**
 - Supermarket Warehouse Laboratory
 - Energy modeling must show a 20% improvement relative to ASHRAE 90.1-2007 Appendix G
- Work is Exempt from Stretch Code Requirements** (Must comply with IECC 2012)
 - Commercial Building less than 5000 ft² Special Case Building less than 40,000 ft²

- The following documentation has been submitted with application:**
 - Energy Modeling Report
 - Building Envelope Specifications
 - Lighting Power Density Report (required for any new lighting installation)
 - Equipment, Testing, and Commissioning Schedule

Summary of the Massachusetts Building Code Appendix 120.AA, ‘Stretch’ Energy Code

Appendix 120.AA known as the Stretch Code, was adopted by the Massachusetts Board of Building Regulations and Standards in May 2009, as an optional appendix to the Massachusetts Building Code 780 CMR.

This optional stretch code was developed in response to the call for improved building energy efficiency in Massachusetts. Towns and cities in the Commonwealth may adopt Appendix 120.AA in place of the energy efficiency requirements of the base building code.

In addition, the base building energy code in Massachusetts will be updated in 2010 to recently published IECC (International Energy Conservation Code) 2009 energy code. The stretch code is similarly based on the IECC 2009 energy code, but with approximately 20% greater building efficiency requirements, and a move towards 3rd party testing and rating of building energy performance.

For further information the Massachusetts Stretch Energy Code,
Department of Public Safety/Board of Building Regulations
www.mass.gov/dps



TAX COLLECTOR AFFIDAVIT

This is to certify that, in accordance with Chapter 74 of the Acts of 1996, the persons and properties named herein have NO uncollected taxes, fines, fees or other charges owing to the City of Holyoke that would prevent the issuance of permits.

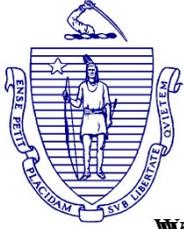
Property Address

Owners Name

Holyoke Tax Collector or designee

Date

Rev. 1.12cb



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 #:** _____

Appendix 1

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street	City /Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sewer system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extermination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		<input type="checkbox"/> Other (if applicable)	

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

Registered Professional Contact Information

_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Discipline	_____ Expiration Date		
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Discipline	_____ Expiration Date		
_____ Name (Registrant)	_____ Telephone No.	_____ e-mail address	_____ Registration Number
_____ Street Address	_____ City/Town	_____ State	_____ Zip
_____ Discipline	_____ Expiration Date		

