



The Commonwealth of Massachusetts
 Town of Southbridge
 Department of Inspections Services
 41 Elm Street
BUILDING PERMIT JOB CARD



Permit No: B-059

Date: 08-15-13

THIS CERTIFIES THAT: Todd Carlson

Has permission to : Build handicap ramp

Situated on: 12 Buckley Street

The person accepting this permit shall in every respect conform to the terms of the application on file in this office and the provisions of the Mass. State Building Code, town by-law, and all other state and local regulations regarding to the construction and maintenance of buildings.
 Work must be started within 6 months. Any violation of the above terms will constitute revocation of this permit.

LOSS OF JOB CARD CONSTITUTES A FINE

PLEASE RETURN JOB CARD TO INSPECTIONS OFFICE AFTER COMPLETION OF WORK.

THIS CARD MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES.

Note: A certificate of occupancy will be issued by this office upon return of this card with all required signatures.

- Gas
- Plumbing- Underground
- Plumbing Insp. - Rough:
- Plumbing Insp. - Finish
- Electrical - Underground
- Electrical Insp. - Rough
- Electrical Insp. - Finish
- Septic System
- Insp. By Fire Dept.
- Highway Dept.
- Bldg. Fd. & Drains
- Bldg. Framing
- Bldg. Insulation
- Bldg. Final
- Conservation Commission
- Tax Assessor
- Sheet Metal

OS 12/29/13 [Signature]

[Signature]
 Nick Tortis

Inspector of Buildings/Building Commissioner



Town of Southbridge
41 Elm St.
Southbridge, MA 01550

RECEIVED

AUG 14 2013



INSPECTIONS DEPT.
TOWN OF SOUTHBRIDGE

Building Permit Application To Construct, Repair, or Renovate Of
Demolish a One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: B-039

Date Applied: _____

Nick Tortis
Building Official

[Signature]
Signature

8/15/13
Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

12 BUCKLEY ST.

1.2 Assessors Map & Parcel Numbers

020

052

Map Number

Parcel Number

1.1a Is this an accepted street? yes _____ no

1.3 Zoning Information:

2F
Zoning District

R-3
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 OWNERSHIP¹

2.1 Owner¹ of Record:

TODD C CARLSON
Name (Print)

SOUTHBRIDGE MA 01550
City, State, ZIP

12 BUCKLEY ST.
No. and Street

508 523 5701
Telephone

_____ Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition

Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: HANDICAP RAMP - TWENTY SIX FEET LONG w/ 28" RISE TO DECK.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee
2. Electrical	\$ _____	<input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____
3. Plumbing	\$ _____	2. Other Fees: \$ _____
4. Mechanical (HVAC)	\$ _____	List: _____
5. Mechanical (Fire Suppression)	\$ _____	Total All Fees: \$ <u>570</u>
6. Total Project Cost:	\$ <u>1600.00</u>	Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

Cash rec'd 8/15/13
550.00

Receipt 818711,
8/15/13

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 _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

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 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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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.

TODD C CARLSON

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

8 13 13

Date _____

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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. Other signatures needed:

Town Tax Collector _____
Board of Health _____
D.P.W. _____

Bethula

8/14/13

For all projects (MGL c 40 sec. 57
Well permit and/or Septic permit (Title V)
Water, sewer and curb cut permits

3. Debris Disposal _____

4. Name of Waste Hauler _____

Name of Waste Facility _____



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): TODD CARLSON

Address: 12 BUCKLEY ST.

City/State/Zip: SOUTHBRIDGE MA 01550 Phone #: 508 523 5701

<p>Are you an employer? Check the appropriate box:</p> <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 checked="" 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>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
--	--	---	---

* 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: 12 BUCKLEY ST. City/State/Zip: SBGE MA 01550

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: T. Carlson Date: 8 15 13

Phone #: 508 523 5701

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 #: _____

TEL: 508 764-5412
FAX: 508 764-5425



INSPECTION SERVICES
TOWN HALL
41 ELM STREET

TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550

For Office Use Only

Permit No. _____

Date _____

AFFIDAVIT

**Home Improvement Contractor Law
Supplement to Permit Application**

MGL c. 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 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 contractors, with certain exceptions, along with other requirements.

Type of Work: HANDICAP RAMP Est. Cost \$ 600

Address of Work: 12 BUCKLEY ST - SOUTHBRIDGE, MA 01550

Owner Name: TODD CARLSON

Date of Permit Application: 8 14 13

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 Name	Registration No.
------	-----------------	------------------

OR:

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

<u>8 15 13</u>	<u>TODD CARLSON</u>
Date	Owner Name