



Joyce M. Mason
Town Manager
jmason@mashpeema.gov

TOWN OF MASHPEE
Mashpee Town Hall
16 Great Neck Road North
Mashpee, MA 02649
Telephone: (508) 539-1401

Thomas J. Mayo
Assistant Town Manager
tmayo@mashpeema.gov

Dear Future Mashpee Business Owner,

It gives me great pleasure to welcome you to the Town of Mashpee. As you will see from our Guide for Business, Mashpee is an exciting place to work, live and play, a perfect location for your business. We are located an hour from two major airports Boston, Logan and T.F. Green in Providence with connecting flights to the Barnstable Airport, which is just 20 minutes away. Our well educated citizenry brings experience and know-how to any venture from retail to medical to the service industry. Mashpee's business community is booming and getting stronger.

Along the way, enjoy the natural beauty of Cape Cod. Take in our beaches, ponds, hiking and bike trails. Have fun at our annual community picnic/fireworks, Mashpee Wampanoag Pow-Wow, Oktoberfest and Chamber of Commerce events such as the annual "Night of a 100 wines" and the Christmas parade. As you will see, Mashpee is a community that has a great deal to offer whether it is to your family or your business. We look forward to assisting you through your decision process and hope we can add your talents and services to those who make Mashpee the place to be for business and families on Cape Cod!

Sincerely,

A handwritten signature in blue ink that reads "Joyce M. Mason".

Joyce M. Mason
Town Manager

A handwritten signature in blue ink that reads "Thomas J. Mayo".

Thomas J. Mayo
Assistant Town Manager



Mashpee's Guide for Business

**An introduction to Mashpee's permit and
licensing process for prospective businesses**

**Prepared By:
Mashpee Economic Development
and Industrial Corporation**

July, 2012

Introduction to Mashpee

Mashpee is a prime seaside resort, a retirement community and a commercial center for Cape Cod's most populous areas. A combination of seasonal and year-round residents offer a relaxed pace of life, and a great place to work and raise a family.

We have more than 5 miles of sandy beaches on gulf-stream warmed Nantucket and Vineyard Sounds, extensive waterfront on Waquoit and Popponesset Bays and four of the largest fresh water ponds on Cape Cod. As the hub of the upper cape, we boast easy access to twenty or more golf courses within a fifteen-minute drive, including Mashpee's three world-class championship courses at Willowbend and New Seabury. Additionally, our upper cape location puts us within an hour of the major population centers of Boston and Providence.



Mashpee is also proud to be the cultural center of Cape Cod and the ancestral home of the Mashpee Wampanoag Tribe.

Over the last 20 years, Mashpee has been one of the fastest growing towns in the commonwealth. Some other interesting facts for Mashpee include:

- 2010 population of 14,006
- Median family income of nearly \$75,000
- Historically favorable tax rates
- County-wide rate of residents with Bachelor's degree or higher at over 40%
- Local High School diploma rate at 96%
- Active local Chamber of Commerce (www.mashpeechamber.com)
- Financially strong local government able to meet residential and business needs
- School system covering Pre-K through 12th grade across 4 schools
- A robust, 21,000 square foot, world class public library
- Serviced by a regional public transit system
- Ready access to one regional and two international airports
- Home of Cape Cod Boys and Girls Club serving youth from across the Cape.
- Home to the Cape Cod Community Health Center, a 32,000 square foot, multi-service health facility.
- From boutique to national retailers, combined with a wide array of dining and entertainment venues, Mashpee boasts the best destination shopping on Cape Cod

Background

The Mashpee Economic Development and Industrial Corporation (EDIC) has a stated mission to “advocate sound growth policy, and to stimulate sustainable economic opportunities that will enhance the quality of life within the Mashpee Community”.

The EDIC’s intent in developing this informational booklet is to provide the prospective new business with primary and tertiary information that will be useful in the permitting and licensing stages. Included, you will find a list of all Town departments, their responsibilities and contact information. Additionally, blank copies of permits and applications are included for Town required information as well as links to outside agencies that may require additional, non-town permitting.

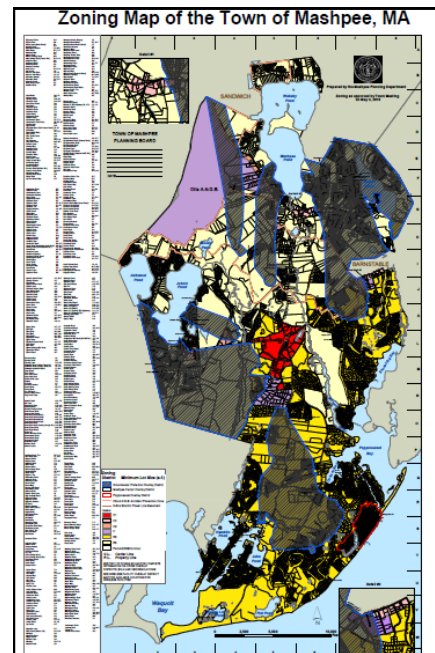
We hope that this booklet meets its intended use and that the user finds Mashpee to be a welcoming community for new businesses.



Project Review and Approval Process

The purpose of this document is to outline the steps in the project review and approval process, and to define the respective roles of each local board and official that might be involved in the process.

Mashpee has three major non-residential zoning districts; namely Commercial 1 (C-1, C-1-0, C-1-SV), Commercial 2 (C-2), and Industrial (I-1). In addition to the zoning districts there are floodplain, Otis flight protection zone, and groundwater protection districts. Regulations governing these, the Zoning Map and the Town of Mashpee's bylaws are available at the Town Clerk's office. Applicants are encouraged to obtain the foregoing in order to become acquainted with the Town's requirements and the project review process. This guide is designed to help you move through the process to a mutually beneficial outcome.



The Building Department will provide a personalized conference or an interview with you regarding your business objectives and goals. The Building Department will map out the required approval process that applies specifically to your business.



Procedures

Town of Mashpee procedures for development of prospective commercial and industrial entities that would apply to property owner or lessees are as follows:

First, contact the Building Department: (508) 539-1406 with the following information in hand, if available:

Location:	If known, the address and / or the assessor's map and block number
Property Type:	Undeveloped lot or land for new structures, new addition on existing structure or space in existing structure.
Business Use:	Retail, office, industrial, food service, medical, wholesale, manufacturing, services, etc.
Scope of Business:	Size of building, number of employees, parking needs, projected business traffic.
Specialties:	Chemicals, food, medical waste, automotive, etc.

With this preliminary information, you will be directed to the proper department who will guide you through the proper procedures. Some conditions may require that you see more than one department. The Building Department will assist with coordination during the process and joint meetings, if necessary, will be arranged. The process could be as simple as obtaining a plan review approval from the Building Department if, for example, you are moving a similar business into an existing space.



Below is an overview of the permitting and licensing departments in the Town of Mashpee. A more in-depth view of the boards and committees can be found on subsequent pages.

Mashpee Town Hall
8:30am—4:30pm, Monday—Friday
16 Great Neck Road North

Selectmen/Town Manager's office (Town Hall, Upper Level) (508) 539-1401

Issues licenses for Alcohol, Livery, Class 2 (used car sales) and Entertainment.

Building Department (Town Hall, Lower Level): (508) 539-1406

Inspects, verifies and enforces compliance with the Town zoning and general bylaws, state building code requirements, final compliance review, issuing permits and annual inspections as required.

Planning Department (Town Hall, Lower Level): (508) 539-1414

Schedules meetings with, and provides administrative and technical assistance to, the Planning Board and provides advice on application procedures and zoning, as well as demographic and land use research and analysis.

Planning Board (Town Hall, Lower Level): (508) 539-1414

Reviews and approves proposals for subdividing or re-subdividing new or modified commercial and industrial building lots. Also reviews and approves all Special Permit proposals in the C-3 and Mashpee Center Overlay zoning districts and those that involve the construction of more than 10,000 sq. ft. of floor area or the development of lots over 5 acres for commercial or industrial uses in all other zoning districts. Reviews / recommends amendments to Town Zoning By-law.

Zoning Board of Appeals (Town Hall, Lower Level): (508) 539-1408

Issues special permits, variances, written findings, and comprehensive permits. The ZBA also hears appeals of the Building Commissioner's administrative decisions.

Plan Review Committee (Town Hall, Lower Level) (508) 539-1406

Reviews and makes recommendations on plans submitted for Special Permit approval, and is the permitting authority for certain smaller projects specified in the Zoning By-law. In addition, the Committee may advise the Building Inspector, Board of Selectmen, Planning Board and Board of Zoning Appeals on matters related to the areas of expertise of its members, and provide informal advice and review to prospective applicants for permits in order to facilitate project approval.

Design Review Committee (Town Hall, Lower Level): (508) 539-1406

The Design Review Committee advises the Building Inspector, Planning Board and Zoning Board of Appeals on matters of architectural and landscape design in the review of applications for special permits and sign permits, including site planning, building placement, building size, design compatibility, exterior appearance, construction materials and finishes, parking and roadways, landscaping and site grading, building entrance and exit placement and signs.

Board of Health (Town Hall, Lower Level): **(508) 539-1426**

Inspects septic, water, food and special environmental conditions.

Conservation (Town Hall, Lower Level): **(508) 539-1424**

Protects the town's wetland resource areas and conservation lands for the recreational enjoyment of residents and visitors to the town.

Assessor's Office (Town Hall, Main Level): **(508) 539-1404**

Offers valuation of all Real and Personal Property within the Town of Mashpee and the Mashpee Water District as well as lists of abutters required for special permits and variance applications.

Town Clerk (Town Hall, Main Level): **(508) 539-1418**

Processes business registrations, provides copies of town regulations and issues Business Certificates. Requires physician registration and provides underground storage license renewals.

Fire Department: **(508) 539-1454**

Inspects sprinklers, alarms, special hazardous conditions and chemicals. Performs annual inspections for any cooking installations, black powder storage, fireworks, underground fuel storage and propane storage.

Fire Department:
8:30am—4:30pm, Monday—Friday
20 Frank E. Hicks Drive

Police Department: **(508) 539-1480**

Oversees traffic and security.

Police Department:
8:30am—4:30pm, Monday—Friday
19 Frank E. Hicks Drive

DPW: **(508) 539-1420**

Analyzes curb cuts, sands and plows all Mashpee roads and maintains town-owned roads.

Department of Public Works:
7am—3:30pm, Monday—Friday
350 Meetinghouse Road

Water District: **(508) 477-6767**

Determines availability and use of public water supply.
(Not a Town Department)

Water District:
8am—4:30pm, Monday—Friday
79 Industrial Drive

The following descriptions provide more exact definitions of the Departments, Boards and Committees and their respective responsibilities:

Selectmen/Town Manager's office

(508) 539-1401

In addition to providing oversight to all Municipal operations, the Town Manager's office, through the authority of the Board of Selectmen, provide annual and temporary alcohol, livery, class 2 (used car sales), and entertainment licenses. Additionally, this office also issues special events permits, approvals for the use of Memorial Park and annual registration for a Community Garden plot.

Building Commissioner

(508) 539-1406

Enforces the zoning bylaw and special permit conditions required by Planning Board or Board of Appeals. Checks compliance with building codes, height and floor area of all buildings, use of building, number of employees, anticipated seating capacity, number of parking spaces required (where applicable) for intended use, anticipated hours of operation and exterior facades of proposed structures, plus additions showing features and types of materials to be used. Inspects building structures, all wiring and plumbing and building permits.

Zoning Board of Appeals

(508) 539-1408

Applicants for Special Permits, variances or appeals under Massachusetts General Law Chapter 40A can review their applications with the Board prior to filing with the Town Clerk. Discussion time can be scheduled through the Board of Appeals office.

Plan Review Committee

(508) 539-1406

The Plan Review Committee consists of Building Commissioner, Health Agent, Town Planner, Conservation Agent, Fire Chief, Police Chief, Director of Public Works and Town Manager or their designees. Plan Review Committee review and recommendations are required for any project requiring a Special Permit from the Planning Board or Zoning Board of Appeals. In addition, formal approval by the Committee is required for certain smaller projects not requiring a Special Permit. Applications are submitted to the Building Commissioner along with sufficient plans and documentation to fully describe the proposed use and/or structure and its site, including copies of all plans and supporting materials submitted with a Special Permit application. Proposals are reviewed with regard to those items related to the fields of expertise of the members and to determine whether they are consistent with applicable State and Town regulations, bylaws and plans and will not adversely affect public health or safety, surface, groundwater or air quality, wildlife habitat, rare or endangered species, estuarine systems, traffic flow, traffic safety, waterways, fisheries, public lands or neighboring properties or any known historic or archeologic site. In addition, the Committee may advise the Building Commissioner, Board of Selectmen, Planning Board and Board of Zoning Appeals on matters related to the areas of expertise of its members, and provide informal advice and review to prospective applicants for permits in order to facilitate project approval.

Design Review Committee**(508) 539-1406**

The Design Review Committee's four members include representatives from the Planning Board and Zoning Board of Appeals, along with two other appointees including an architect, landscape architect or civil engineer. The Committee advises the Building Commissioner, Planning Board and Zoning Board of Appeals on matters of architectural and landscape design in the review of applications for Special Permits and sign permits, including site planning, building placement, building size, design compatibility, exterior appearance, construction materials and finishes, parking and roadways, landscaping and site grading, building entrance and exit placement and signs. Applications are submitted to the Building Commissioner along with sufficient plans and documentation to fully describe the proposed use and/or structure and its site, including copies of all plans and supporting materials submitted with a Special Permit application.

Planning Department**(508) 539-1414**

Schedules meetings with the Planning Board. Can provide information on land use, population, housing, economic data, transportation (including traffic counts), natural resources, town master plans, existing and proposed developments, listing of undeveloped industrial and commercial land, zoning bylaws and Planning Board regulations and procedures.

Planning Board**(508) 539-1414**

The Planning Board consists of five members and an appointed associate member. The Board administers applicable provisions of the Commonwealth's subdivision and zoning statutes and the Town zoning bylaws and subdivision regulations. The Board reviews proposals for new commercial and industrial building lots or modifications to existing lot sizes or configurations. It reviews special permit proposals that involve the construction of more than 10,000 sq. ft. of floor area or the development of lots over 5 acres for commercial or industrial uses. The Board works closely with the Planning Department during review of such proposals and consults with the Building Department or other Town departments to obtain specialized input as appropriate.

In addition, to these regulatory activities, the Board also considers the need to modify current Town zoning bylaws and subdivision regulations and zoning districts or establish new land-use regulations and zoning districts that are in the best overall interest of the community.

Individuals that are involved with commercial or industrial activities or proposals that require Planning Board review or the modification of current land-use regulations or zoning districts are encouraged to meet with the Board for informal discussions prior to filing a formal application or request. Appointments with the Board can be arranged by contacting the Planning Department.

Board of Health

(508) 539-1426

The Board of Health is mandated by the Massachusetts Department of Environmental Protection (DEP) to ensure that water and wastewater treatment requirements are adhered to in existing developed lots and undeveloped lots. To facilitate this process, the Board of Health routinely arranges meetings with prospective applicants and the Building Commissioner, who is also the Zoning Enforcement Officer to inform the applicant of all the requirements and to answer any questions the applicant may have.

Use of *pre-existing developed* lots:

Water: Is the Lot serviced by Town water? If not, is the well adequate for the intended use?

Wastewater: Is the lot sewered to a treatment plant? If not, is the existing septic system adequate for the intended use?

Use of *un-developed* lots:

Water: If Town water is available, must connect. If not, must have a DEP approved well if servicing more than twenty five people.

Wastewater: Must have a Board of Health approved septic system or a DEP approved connection to a treatment plant.

* A more detailed list of requirements is available at the Board of Health Office.



Assessor's Office

(508) 539-1404

The Assessors value all Real and Personal Property within the Town of Mashpee and the Mashpee Water District as of January 1st of every year .

The Board of Assessors' areas of responsibility include:

- Real Estate tax
- Personal Property tax
- Motor Vehicle Excise tax
- Boat Excise tax
- Personal Exemptions
- Charitable Exemptions
- Administering water, street and sewer betterments

Conservation Commission

(508) 539-1424

The Conservation Commission has the authority and responsibility to review activities in or within 100 feet of the following: coastal and freshwater wetlands, banks (of water bodies and wetlands), beaches, dunes, flats, water bodies (including ponds, rivers, streams, estuaries or the ocean), land under said water bodies or land subject to flooding by ground water, surface water, tidal action or coastal flowage.

The Commission's review of these activities may result in the issuance of a permit (usually with conditions), or the denial of an activity if the activity cannot meet specific performance standards. These standards are intended to protect or enhance public and private water supply, ground water, wildlife habitat, fisheries, shellfish, recreation, aquaculture and flood control and/or to prevent erosion and/or sedimentation, storm damage and water pollution.



Town Clerk

(508) 539-1418

As the official keeper of records, the Town Clerk maintains copies of vital records, the Town Charter, Town By-laws, and information regarding all elections and Annual Town Meetings. Additionally, this office issues business certificates, beach and transfer station stickers, and shellfish, dog and marriage licenses. The Town Clerk can also assist with obtaining passports and genealogy information.

Mashpee Fire and Rescue Department

(508) 539-1454

The mission of our Fire and Rescue Department is to minimize loss and suffering within our community. This is accomplished through education, training and the mitigation of emergency incidents within the limit of available resources.

The Fire Prevention Division reviews, permits and inspects pursuant to Mashpee Zoning, Mashpee Site review policy, MGLs 42, 48 and 148 and Massachusetts Fire Prevention Regulation (527 CMR) and Fire detection/suppression requirements of the Massachusetts Building Code (780 CMR). All plan submittals shall include narratives as required by the Massachusetts Building Code (780 CMR).



Annual inspections include places of assembly / night club safety act, service stations and health care facilities.

Police Department

(508) 539-1480

The Police Department does not issue permits, but offers advice on security for your business, especially during construction when the premises are not completely secured. Consult with the department regarding advice on crime prevention.



Department of Public Works**(508) 539-1420**

The Department of Public Works is responsible for roads, signs and sidewalks. The department interfaces with the Massachusetts Highway Department, the Cape Cod Commission and all of the Mashpee Town boards.

Applications for curb cut permits for any work performed along a Town-owned road are available at the DPW building from 8am—3pm Monday - Friday. Items that need to be addressed in the permit are the expected traffic generation, proximity to other curb cuts or intersections and future plans and mitigating measures. All DPW policy issues are established by the Director of Public Works and the Board of Selectmen. Snow removal services are provided by the DPW on all accepted private and town-owned roads. Maintenance is provided on Town-owned roads.

**Mashpee Water District****(508) 477-6767**

The Mashpee Water District is a separate public entity from the Town of Mashpee. The District is governed by an elected Board of Water Commissioners who meet once a month with an annual district meeting held on the 4th Tuesday in April.

The Mashpee Water District strives to provide clean and safe drinking water at adequate pressures to our customer's water taps 24 hours a day, every day. We will also make environmentally sound decisions to protect our ground water resources. We will make provisions for the Town's future needs through effective planning, continuous improvement, innovative thought and shared leadership.

Mashpee Water District:
8am—4:30pm, Monday — Friday
79 Industrial Drive



mashpee chamber
make it your business

As a new business in town, please contact the Mashpee Chamber of Commerce to find out the advantages of becoming a member. Please go to the Mashpee Chamber website www.mashpeechamber.com and click on *join* to find out the benefits of joining and to download an application. As a member, you can take advantage of valuable workshops, marketing opportunities, networking events and more.

For more information, please feel free to call or e-mail the Mashpee Chamber of Commerce.

The Mashpee Chamber of Commerce
17 Joy Street, Mashpee, MA 02649
508-477-0972
info@mashpeechamber.com
www.mashpeechamber.com

Executive Director
Mary Lou Palumbo
508-477-3700
mlpalumbo@mashpeechamber.com

Town of Mashpee			
Town department contact information			
Department	Dept. Head	Phone Number	E-mail
Accounting	Dawn Thayer	509-539-1427	dthayer@mashpeema.gov
Animal Control	David Brown	508-539-1442	dbrown@mashpeema.gov
Assessing	Jason Streebel	508-539-1404	jstreebel@mashpeema.gov
Board of Health	Glen Harrington	508-539-1426	gharrington@mashpeema.gov
Building	Richard Morgan	508-539-1406	rmorgan@mashpeema.gov
Cemetery	Catherine Laurent	508-539-1420	claurent@mashpeema.gov
Conservation	Andrew McManus	508-539-1424	amcmanus@mashpeema.gov
Council on Aging	Lynne Waterman	508-539-1440	lwaterman@mashpeema.gov
Fire Department	George Baker	508-539-1454	gbaker@mashpeema.gov
GIS	Clay Nicholson	508-539-1411	cnicholson@mashpeema.gov
Harbormaster	Stephen Mone	508-539-1480	smone@mashpeema.gov
Human Resources	Kathleen Moore	508-539-1409	kmoore@mashpeema.gov
Human Services	Gail Wilson	508-539-2542	gwilson@mashpeema.gov
Information Technology	David DeVecchio	508-539-1410	ddelvecchio@mashpeema.gov
Library	Kathleen Mahoney	508-539-1435	kmahoney@mashpeema.gov
Planning	F. Thomas Fudala	508-539-1414	ftfudala@mashpeema.gov
Police	Rodney Collins	508-539-1480	rcollins@mashpeema.gov
Public Works	Catherine Laurent	508-539-1420	claurent@mashpeema.gov
Recreation	Gus Frederick	508-539-1416	gfrederick@mashpeema.gov
Schools	Ann Bradshaw	508-539-1500	abradshaw@mashpee.k12.ma.us
Town Clerk	Deb Dami	508-539-1418	ddami@mashpeema.gov
Town Manager	Joyce Mason	508-539-1401	bos@mashpeema.gov
Transfer Station	Catherine Laurent	508-477-3056	claurent@mashpeema.gov
Treasurer / Collector	Craig Mayen	508-539-1419	cmayen@mashpeema.gov
Zoning Board of Appeals	Mary Ann Romero	508-539-1408	mromero@mashpeema.gov

Last updated: March, 2013

Important websites for prospective Mashpee businesses:

- 1) Town of Mashpee
www.mashpeema.gov
- 2) Town of Mashpee, Building Department
www.mashpeema.gov/pages/mashpeema_building
- 3) Cape Cod Commission
www.capecodcommission.org
- 4) State of Massachusetts (homepage)
www.mass.gov
- 5) Mashpee Chamber of Commerce
www.mashpeechamber.com
- 6) Cape Cod Chamber of Commerce
www.capecodchamber.org

Building Permit

Materials



TOWN OF MASHPEE

Fire Department

General Business Information Form

Business Name: _____

Street Address: _____

Telephone: _____

Floor Level: _____

Business Owner: _____

Residential Address: _____

City / Town: _____ **State:** _____

Zip Code: _____

Manager/2nd Contact _____

Residential Address _____

City / Town: _____ **State:** _____

Zip Code: _____

Building Owner: _____

Residential Address: _____

City / Town: _____ **State:** _____

Zip Code: _____

Fire Alarm System: _____ **Sprinkler System:** _____

Central Station Name: _____

Telephone Number: _____

Fire Department Connection Location: _____

Do you have a lock box: _____

Contact Persons or other key holders, if problem with alarms:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Other Comments: _____

Contacts in case of emergency:

Name: _____

Telephone: _____

Name: _____

Telephone: _____



TOWN OF MASHPEE

Building Department

REQUEST TO BE ON THE DESIGN AND PLAN REVIEW AGENDA

LOCATION OF PROJECT _____

BUSINESS NAME

The project is zoned _____ Commercial _____ Industrial _____ Residential

Map _____ Parcel _____

OWNER/APPLICANT _____

Mailing Address: _____

Telephone: _____

Plans and requests must be in the Building Department two weeks prior to the scheduled meeting. The committee meets on the first and third Tuesday of the month.

Please check the appropriate space.

The project mentioned above is for the following review:

Sign approval _____ Temporary Sign Approval _____

Site plan review _____ Landscape plan review _____

Building review _____

Additional information that may be helpful during the review process:



TOWN OF MASHPEE

APPLICATION FOR PLAN REVIEW

Location

Business Name: _____

Assessor's Map and Parcel Number: _____

Property Address: _____

Owner of Property

Name: _____

Address: _____

Telephone: _____

Applicant

Name: _____

Address: _____

Telephone _____

FAX _____

Engineer

Name: _____

Address: _____

Telephone: _____

Attorney

Name: _____

Address: _____

Telephone: _____

FAX _____

Storage Tanks

Existing

Number _____

Size _____

Above Ground _____

Underground _____

Contents _____

Proposed

Number _____

Size _____

Above Ground _____

Underground _____

Contents _____

Zoning Classification

District _____

Groundwater Overlay _____

Sewage Daily Flow* _____

Lot Area _____

Fire District _____

Number of Buildings

Existing _____

Proposed _____

Demolition _____

Utilities

Sewer ☐ Public ☐ Private

Water ☐ Public ☐ Private

Electrical ☐ Aerial ☐ Underground

Gas ☐ Natural ☐ Propane

Total Floor area By Use

Residential _____

Office _____

Medical Office _____

Commercial _____

Wholesale _____

Institutional _____

Industrial _____

(Specify Use) _____

Use Group Classification _____

All Other Uses On Site _____

Parking Spaces

Required _____

Provided _____

On-Site _____

Off-Site _____

Handicapped _____

Curb Cuts

Existing _____

Proposed _____

To Close _____

Totals _____

Previous Site Plan Review File # _____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Zoning Board of Appeals File # _____	Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the site located in a FEMA Flood Zone?		<input type="checkbox"/> Yes <input type="checkbox"/> No
In Area of Critical Environmental Concern?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Project within 100' of Wetland Resource Area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Site sketch – informal presentation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Plan prepared, wet stamped and signed by a Registered PE and/or PLS		<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking and Traffic Circulation Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscape Plan and Lighting Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
Drainage Plan with calculations and Utility Plan		<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Plans, (all floor plans, elevations and cross sections)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note that all signage must be approved by Code Enforcement Officer at the Building Department

Lot area in sq. ft. _____ sq. ft.
 Total Building(s) footprint _____ sq. ft.
 Maximum Lot Coverage as % of Lot _____ %

GROUND WATER PROTECTION OVERLAY DISTRICT REQUIREMENTS: DISTRICT: _____

Lot Coverage (%) Required _____ Proposed _____
 Site Clearing (%) Required _____ Proposed _____

PRINCIPAL BUILDING

Number of floors _____ Height: _____ ft.

FLOOR AREA:

Basement _____ sq. ft.
 First _____ sq. ft.
 Second _____ sq. ft.
 Attic _____ sq. ft.
 Other (Specify) _____ sq. ft.

ACCESSORY BUILDING(S) ☐ Yes ☐ No

Number of floors _____ Height: _____ ft.

FLOOR AREA:

Basement _____ sq. ft.
 First _____ sq. ft.
 Second _____ sq. ft.
 Attic _____ sq. ft.
 Other (Specify) _____ sq. ft.

Please provide a brief narrative description of your proposed project:

I assert that I have completed (or caused to be completed) this page and the Site Plan Review Application and that, to the best of my knowledge, the information submitted here is true.

Signature of Applicant

 Date

 Printed Name of Applicant

**TOWN OF MASHPEE
ZONING BOARD OF APPEALS**

16 Great Neck Road North
Mashpee, MA 02649
508-539-1400, ext 8558

PETITION PROCEDURES

PETITION FORMS:

Petition forms for Appeals, Special Permits, and Variances are available in the Building Department.

Petition forms are to be completed in full. Three (3) copies are to be filed and date-stamped in the office of the Town Clerk - one copy for the Town Clerk, two copies for the ZBA office.

Each Petition must be accompanied by a filing fee payable by check to the Town of Mashpee.

Filing fee: \$125 for residential petitions.
 \$250 for commercial petitions.

Each Petition must be accompanied by three (3) sets of building plans and three (3) sets of site plans. The site plans must have the original signature of the Registered Engineer, Land Surveyor or Architect who prepared the plans and must include:

Scale: a minimum scale of 1" = 40' for engineering plans.

a minimum scale of 1/4" = 1' for architectural plans.

Dimensions of the subject property.

Assessor's Map and Parcel Numbers.

Exact location of all existing and/or proposed buildings and sheds on the subject property.

Drainage, utilities, septic plans and paved surfaces, if within the area of the proposed construction.

All setback distances of all structures from the street, property lines, wetlands, water body or watercourse with proper identification.

Calculation of percentage of lot coverage of present and proposed structures.

Parking spaces, aisle dimensions, and flow of traffic noted by arrows on all **Commercial** Petitions.

Zoning and current uses of the site and adjacent properties.

Photos of the existing structures and those of adjacent abutters with non-conforming structures.

Reference to the Section of the Zoning By-laws that allows for grant of an Appeal, Special Permit or a Variance.

Petitioners who are not owners of the subject property must provide the Board with proof of legal interest in the property, i.e., agent, leaseholder, pending purchase, etc.

It is the responsibility of the Petitioner to submit additional copies of the Petition form and plans to other appropriate Town Boards, Commissions, and Departments as required by the Zoning By-laws. These plans should be submitted at the same time the Petition form is filed with the Town Clerk.

911 COORDINATOR/TAX COLLECTOR:

Each Petition must include the worksheet with GIS/E911 Coordinator Clay Nicholson's signature verifying correct address of the subject property along with confirmation from the Town Collector/Treasurer's office that all taxes have been paid on the subject property.

REGISTRY OF DEEDS REQUIREMENTS:

In order to conform to Barnstable County Registry of Deeds and/or Land Court registration requirements, each Petition must include the following:

Current property owner.

Property address.

Registry of Deeds Title Reference with Book and Page; **or**

Certificate of Title Number and Land Court Lot Number and Plan Number.

Copy of Deed.

ABUTTERS' LISTS:

Massachusetts General Laws Chapter 40A § 11 requires that abutters and abutters to the abutters within 300 feet of the property line be notified by mail of the Public Hearing on all Petitions. **The ZBA office is responsible for preparation of the Mashpee abutters' list.** The Assessor's office will certify the list and the Mashpee Zoning Board of Appeals will process the mailing. A charge of \$2.00 per abutter name will be billed to the Petitioner for postage, supplies, and processing costs. Petitioners are advised to review their proposed plans with their immediate neighbors prior to the Public Hearing. If abutters are located in adjoining Towns, it is the responsibility of the Petitioner to obtain a certified list of those abutters.

PUBLIC HEARINGS:

A Public Hearing will be scheduled within 65 days from the date that the Petition form is filed with the Town Clerk. The Zoning Board of Appeals normally meets on the second and fourth Wednesdays of each month at 7:00 p.m. at the Mashpee Town Hall. The Petitioner or his Agent must be present at the hearing.

NOTICE FOR PUBLIC HEARINGS:

Notice of a Public Hearing shall be given by publication in the Mashpee Enterprise newspaper once in each of two successive weeks; the first publication to be not less than fourteen (14) business days before the day of the hearing and posting of such notice in a conspicuous place in Town Hall for a period of not less than fourteen (14) business days before the day of such hearing.

ZONING BY-LAWS:

Copies of the By-laws may be purchased for \$25 in the Town Clerk's office.

DECISIONS:

Decisions of the Zoning Board of Appeals will be filed with the Town Clerk within fourteen (14) days of the Board's final vote on a Petition. A copy of favorable Decisions, certified by the Town Clerk that there has been no appeal twenty (20) days after the Decision was filed, must be recorded at the Barnstable County Registry of Deeds before a Building Permit will be issued. It is the responsibility of the Petitioner to record a certified copy of the Decision at the Barnstable County Registry of Deeds. Proof of the recording must be submitted to the Zoning Board of Appeals and the Building Department before the Petitioner can apply for a Building Permit.

ZONING ENFORCEMENT OFFICER:

The Building Commissioner is the Zoning Enforcement Officer for the Town of Mashpee. Petitioners should consult with the Building Commissioner prior to filing a ZBA Petition.

APPEAL OF THE DECISION OF THE BUILDING COMMISSIONER:

An Appeal of the Decision of the Building Commissioner must be filed with the Town Clerk within thirty (30) days from the date of the Decision or order being appealed. The reasons and grounds for the Appeal should be specified in the Notice of Appeal. The Town Clerk shall transmit such Notice of Appeal to the Zoning Board of Appeals so that a hearing can be scheduled. The Petition must be filed on a Notice of Appeal form available in the Building Department or the office of the Zoning Board of Appeals.

MASSACHUSETTS GENERAL LAWS CHAPTER 44 SECTION 53G:

The Mashpee Zoning Board of Appeals has adopted the provisions of Chapter 593 of the Acts of 1989 relative to the Establishment of Special Accounts for consultant fees.

DESIGN REVIEW COMMITTEE:

A Design Review Committee was established under § 174-48 of the Zoning By-laws to advise the Building Commissioner, Planning Board and Zoning Board of Appeals on matters of architectural and design concern in the review of Petitions for Special Permits, Sign Permits, and Landscaping on commercial property. Meetings are scheduled by the Building Department.

PLAN REVIEW COMMITTEE:

A Plan Review Committee was established under §174-48.1 to perform the functions described in § 174-24 to otherwise advise the Building Commissioner, Board of Selectmen, Planning Board and Zoning Board of Appeals on matters related to the areas of expertise of its members, and to provide informal advice and review to prospective Petitioners for permits. Meetings are scheduled by the Building Department. After the Committee's Decision or recommendation letter is compiled, a copy shall be provided to the Petitioner and, if appropriate to the Special Permit Granting Authority, and recorded with the Town Clerk.

Revised November 2012

MASHPEE ZONING BOARD OF APPEALS
PETITION FOR A SPECIAL PERMIT
Under Massachusetts General Laws Chapter 40A §9 and
Town of Mashpee Zoning By-laws of 1987

Date: _____

The undersigned Petitions for a Special Permit under the Mashpee Zoning Board of Appeals as
required by pertinent sections of the Zoning By-laws of 1987:

Property Address: _____ Zoning District: _____

Petitioner: _____
(Address) (Phone #)

Property owner: _____
(IF different from Petitioner) (Address) (Phone #)

Registry of Deeds Title Reference: Book: _____ Page: _____

and/or Certificate of Title #: _____ Land Court Lot #: _____ Plan #: _____

Assessor's Map/Parcel #: Map: _____ Parcel: _____ Extension: _____

Dimensions of Lot: _____ Area: _____
Frontage Depth Square Feet

How long have you owned the premises? _____

Current use of premises: _____

Proposal: _____

Pertinent Section(s) of the Zoning By-laws: _____

ZBA Public Hearings date scheduled for: _____

Petitioner's Signature

TOWN CLERK
DATE STAMP:

Owner's Signature

Agent's Signature/Address/Phone #

Mail certified copy of Decision to: _____

MASHPEE ZONING BOARD OF APPEALS
PETITION FOR MODIFICATION OF A SPECIAL PERMIT
Under Massachusetts General Laws Chapter 40A §9 and
Town of Mashpee Zoning By-laws of 1987

Date: _____

The undersigned Petitions for Modification of a Special Permit under the Mashpee Zoning Board of Appeals as required by pertinent sections of the Zoning By-laws of 1987:

Property Address: _____ Zoning District: _____

Petitioner: _____
(Address) (Phone #)

Property owner: _____
(IF different from Petitioner) (Address) (Phone #)

Registry of Deeds Title Reference: Book: _____ Page: _____

and/or Certificate of Title #: _____ Land Court Lot #: _____ Plan #: _____

Assessor's Map/Parcel #: Map: _____ Parcel: _____ Extension: _____

Dimensions of Lot: _____ Area: _____
Frontage Depth Square Feet

How long have you owned the premises? _____

Current use of premises: _____

Proposal: _____

Pertinent Section(s) of the Zoning By-laws: _____

ZBA Public Hearings date scheduled for: _____

Petitioner's Signature

TOWN CLERK
DATE STAMP:

Owner's Signature

Agent's Signature/Address/Phone #

Mail certified copy of Decision to: _____

**Town of Mashpee
Zoning Board of Appeals**

**PLEASE SUBMIT FORM WITH ZBA PETITION AFTER OBTAINING TAX
COLLECTOR AND 911 COORDINATOR SIGNATURES**

Date: _____

Property address: _____

Assessor's Map # _____ Parcel # _____

I have reviewed the address. _____
Clay Nicholson
GIS and E911 Coordinator
Date _____

I hereby attest that _____
OWNER OF RECORD

is (are) the owner(s) of the above-referenced property.

I hereby further attest that the owner of the above-cited property is not, to the best of my knowledge, in arrears of payment of any local taxes as may be applicable under Section 1 of Chapter 112 of the Mashpee Code.

Treasurer/Collector

Date

Mashpee Planning Board Special Permit Regulations

Section IV FORM AND CONTENT OF APPLICATIONS

A. Any application for approval of a special permit by the Planning Board shall include the *Application for Special Permit* form referenced in Section XIII, completed in full and signed by the owner of all property included within the proposed development, or by a person who shows specific written authorization by the owner to submit the application and to represent and bind the owner with regard to any representations regarding the property or the owner's intent, with regard to any agreements made with the Board as part of the permit review and approval process and with regard to the owner's understanding of any conditions imposed upon the project by the Board's special permit decision document.

B. The application shall also include:

1. the required fees as specified in Section VII;
2. a copy of the latest recorded deed or deeds to all property included within the proposed site, along with a copy of any currently valid recorded subdivision plan or special permit applicable to the site;
3. a site plan showing existing conditions, including at least all existing property and street layout lines, showing distances, as well as bearings referred to the Massachusetts State Plane coordinates using the North American Datum of 1983 (NAD83), zoning district, the names and addresses of all abutters, the location of buildings on the site (meaning the entire tract on which the proposed use or development is located) and within 300 feet of the site, existing wells and septic systems, existing roadways, existing utilities, any existing roadway, access, utility or drainage easements, wetlands, specimen trees, any other existing trees over ten (10) inches in diameter at breast height, water-courses and significant slope or other natural features, at a scale of 1 inch = 40 feet;
4. a plan of the site and all land within 300 feet of the site, showing existing elevations and topography using the North American Vertical Datum of 1988 (NAVD88) at a maximum of two-foot contour interval, as well as any wetlands protected under 310 CMR 10.02 (1) (a-d) or under Chapter 172 of the Code of the Town of Mashpee as flagged by a qualified expert, mean high and lowest low water for any adjacent water bodies and flood zones (with base flood elevation data) based on the most recent Flood Insurance Rate Maps prepared by the Federal Emergency Management Agency, at a scale of 1 inch = 40 feet (may be included in the existing conditions site plan described above or as a separate sheet);
5. a natural resource map or maps, on a copy or copies of the topographic plan, indicating all wetlands as defined by MGL C. 131, §40, or otherwise referenced in this section, active or abandoned cranberry bogs or agricultural areas, generalized vegetation types and location, tree line of any wooded areas, soil types based on the latest information available from the United States Department of Agriculture Soil Conservation Service or on more detailed

information obtained by the applicant and depth to groundwater table based on exploration by the developer or on other reliable data acceptable to the Board of Health;

6. in order to evaluate the impact of the proposed development to Town services and the welfare of the community, an impact statement in two parts as follows (in addition to the Water Quality Report required by the Zoning By-law):

Part 1 – shall describe the impact of the proposed development on:

- a) all applicable Town services including, but not limited to, schools, water systems, parks, fire and police protection;
- b) at a minimum, all roads and intersections in the immediate vicinity (within one quarter mile) of the proposed development (including an estimate of summer peak hour, summer average daily, annual average peak hour and annual average daily traffic counts as well as level of service for summer and annual average peak hour);
- c) the ecology of the site and any significant off-site impacts.

Part 2 – shall describe what actions have been taken to mitigate the impacts described in Part 1

7. for cluster subdivisions, a definitive subdivision plan and roadway designs conforming with the Board's *Rules and Regulations Governing the Subdivision of Land* or, for other projects, a site plan, prepared by a registered civil engineer and registered land surveyor, showing the proposed project, including:
 - a) property lines and street layout lines showing distances and bearings referred to the Massachusetts State Plane coordinates using the North American Datum of 1983 (NAD83),
 - b) location of all permanent survey monuments properly identified as to whether existing or proposed and with their coordinates under the NAD83 Massachusetts Coordinate System,
 - c) buildings, showing location, dimensions and distances to all lot lines, streets and street rights-of-way,
 - d) roadways, sidewalks and bikeways,
 - e) parking facilities,
 - f) existing and proposed NAVD88 elevations and topography at a maximum of two-foot contour interval, with proposed one foot intervals required for parking areas, stormwater management systems and within 50 feet of any proposed buildings, along with sufficient spot grades to adequately show the direction of stormwater runoff, including at transition points, top and bottom of vertical curves, entrances, high points, low points and gutter lines,
 - g) types of ground cover and any other precautions to stabilize slopes,
 - h) existing trees over ten (10) inches in diameter at breast height and whether they are proposed to be retained or removed,
 - i) water-courses,
 - j) drainage,
 - k) utilities,
 - l) landscaping,

- m) trash collection facilities and
- n) other proposed features

at a scale of 1 inch = 40 feet, with a 24" x 36" index sheet at 1 inch = 100 feet or at another appropriate scale if the entire site can not be shown on one sheet at the 1 inch = 100 feet scale;

8. when a project is proposed to be built in phases (phasing of development is recommended, and will be required for projects involving a developed area in excess of 25 acres), a phasing plan overlaid on the site plan, along with proposed start and completion dates of each phase, showing proposed phasing of buildings, of site infrastructure and of land clearing;
9. a locus plan showing the site in relation to all major roadways and other significant landmarks within one mile of the site;
10. detailed roadway, sidewalk, bikeway and parking area plans at a scale of 1 inch = 40 feet, with roadways shown on plan and profile sheets as described in the Board's *Rules and Regulations Governing the Subdivision of Land*, prepared by a registered civil engineer, in addition to typical roadway cross-sections;
11. detailed landscaping plans at a scale of 1 inch = 20 feet;
12. plans and documents illustrating proposed utilities, including the proposed water supply system showing proposed fire hydrant locations, and any proposed sewer, electric, telephone, gas and cable television utilities, at a scale of 1 inch = 40 feet;
13. plans and documents illustrating the proposed system of wastewater collection, treatment and disposal, at an appropriate scale, along with documentation regarding the proposed treatment technology, data demonstrating removal rates for BOD, total nitrogen and phosphorous and a description of proposed ownership, management and funding of the system;
14. plans and documents illustrating the proposed system of stormwater collection, treatment and disposal, including manholes, catch basins, pipes, drainage ditches, roof drainage systems, headwalls, surface and subsurface discharge areas, retention ponds and any other system elements, along with a stormwater management plan consistent with the provisions of Subsection 174.82.A.(4) of the Mashpee Zoning By-law, with plan drawings at a scale of 1 inch = 40 feet;
15. proposed building elevation drawings (side, front and back) at a scale of ¼ inch = 1 foot, (for large or phased projects, "typical" elevations may be submitted at the discretion of the Board), showing any proposed wall signs, along with any design standards or codes to be applied to structures within the project;
16. proposed signage designs at an appropriate scale, including location and dimensions of any freestanding signs;

17. plans and documents illustrating the proposed system of site lighting, at an appropriate scale with lighting fixture size and type identified;
18. accurate calculations of the area within the site of wetlands, of any open space to be preserved or transferred to the town or to a nonprofit organization and of areas proposed for roadways and other development, along with the applicant's calculation of allowed dwelling units for residential projects, or square footage of non-residential structures, based on the provisions of the applicable section of the Zoning By-law;
19. a Water Quality Report prepared in conformance with the requirements of Section 174-27 of the Zoning By-law, including a plan showing the location of all water quality monitoring wells at a scale of 1 inch = 100 feet;
20. where the Zoning By-law requires the provision of open space, the developer's declaration of his choice of method or methods of dedicating the required open space of the three (3) methods described in the Zoning By-law, along with proposed covenants and restrictions to secure the permanent legal existence of the preserved open space and the proposed wording of any deed for transfer in fee to the Town or to a nonprofit organization and
21. any additional items required by Article IX of the Zoning By-law for special permits issued under the terms of applicable sections of that article.

C. In addition, the applicant shall submit a listing of the names and mailing addresses of all parties in interest, as determined from the most recent tax list and certified by the office of the Board of Assessors of the town in which their property is located. Applicants shall include three sets of mailing labels, with the names and mailing addresses of all certified parties in interest printed thereon, with the certified list. The Applicant will be required to pay the cost of certified mailing of public hearing notices and of regular mailing of decision notices (see Section VII).

D. The applicant shall submit plans on diskette as required by Sections V and VI.

E. For projects that also involve a subdivision of land, all application materials required by the Board's *Rules and Regulations Governing the Subdivision of Land* shall also be submitted.

F. In addition, traffic studies, additional water-quality impact reports, environmental impact reports, fiscal impact reports and similar items may be required by the Board along with those other specific items required by the Zoning By-law. In order to facilitate the special permit approval process, it is recommended that an applicant meet informally with the Board prior to filing an application to discuss what additional studies or reports are likely to be required. However, such informal meeting will not preclude any additional requests for information or reports that arise from questions raised during the public hearing process.

G. All plan drawings shall be submitted on suitable material at the scales indicated in Subsection B above or such other scale as is approved by the Board, with all plan sheets to have perimeter dimensions of 24" x 36".

H. Failure to submit all required application materials, fees, plans and reports may be considered grounds for disapproval of an application.

COMMONWEALTH OF MASSACHUSETTS

**TOWN OF MASHPEE
PLANNING BOARD**

APPLICATION FOR SPECIAL PERMIT MODIFICATION

Date received by Town Clerk: _____ Town Clerk Signature / Seal: _____

The undersigned hereby applies for a Modification of the Special Permit approved by the Mashpee Planning Board on _____ for a project entitled _____.
The original Special Permit and any Modifications have been recorded in the Barnstable County Registry of Deeds at the following Book(s) and Page(s): _____.

Name of Applicant _____ Phone _____

Address _____

Owner, if different _____ Phone _____

Address _____

Attach copies of (a) most recent recorded deed and (b) tax bill or Assessors' certification.

Deed of property recorded in Barnstable County Registry Book _____ Page _____
or Land Court Certificate of Title No. _____

Location and description of property: _____

Mashpee Assessors Map(s) and Block(s): _____

Zoning District(s) in which property is located: _____

How long have you owned the property? _____

Section(s) of the Zoning Bylaw which require(s) the permit you seek: _____

Present use of property: _____

Description of proposed modification (*attach plans and documents as required by the Zoning By-law and Special Permit Regulations*):

Signature of Owner or Authorized Representative _____

Attach written authorization signed by owner.

COMMONWEALTH OF MASSACHUSETTS

**TOWN OF MASHPEE
PLANNING BOARD**

APPLICATION FOR SPECIAL PERMIT

Date _____

The undersigned hereby applies for a Special Permit from the Planning Board.

Name of Applicant _____ Phone _____

Address _____

Owner, if different _____ Phone _____

Address _____

Attach copies of (a) most recent recorded deed and (b) tax bill or Assessors' certification.

Deed of property recorded in Barnstable County Registry Book _____ Page _____
or Land Court Certificate of Title No. _____

Location and description of property

Mashpee Assessors Map(s) and Block(s) _____

Zoning District(s) in which property is located _____

How long have you owned the property? _____

Section(s) of the Zoning Bylaw which require the permit you seek _____

Present use of property _____

Proposed use of property _____

Signature of Owner or Authorized Representative _____

Attach written authorization signed by owner.



TOWN OF MASHPEE

Building Department

Article X Sign Permit Application

Permit Number _____ Date Issued _____

Approved at the Design Review Meeting on _____

Site Information

Property Address _____

Store or Development _____

Zoning District _____ Assessors' Map _____ Parcel _____

Setback from the street _____ Sign Dimensions _____

Square footage _____

Percent of aggregate coverage of the front wall _____

Owner of Record _____ Address _____

Telephone Number _____ Signature _____

Agent _____ Address _____

Telephone Number _____ Signature _____

Check appropriate box

Type of sign function: ☐ Business ☐ Advertising ☐ Identification ☐ Development ☐ Tenant

Structural type ☐ Canopy ☐ Free Standing ☐ Wall Sign ☐ Window ☐ Portable Sign

Sign illuminated ☐ Yes ☐ No

Additional Comments or Conditions _____

Town of Mashpee Application for Permit 16 Great Neck Road North, Mashpee, MA 02649 Ph: 508-539-1406 Fax: 508-477-0222				DATE RECEIVED	
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING					
This Section For Official Use Only					
Building Permit Number:			Date Issued:		
Signature: _____ <div style="display: flex; justify-content: space-between;"> Building Commissioner/Inspector of Buildings Date </div>					
SECTION 1 – SITE INFORMATION					
1.1 Property Address _____ _____ _____			1.2 Assessors Map & Parcel Number: _____ <div style="display: flex; justify-content: space-between;"> Map Number Parcel Number </div>		
1.3 Zoning Information: <div style="display: flex; justify-content: space-between;"> Zoning District Proposed Use </div>			1.4 Property Dimensions: _____ <div style="display: flex; justify-content: space-between;"> Lot Area (sf) Frontage (ft) </div>		
1.6 Building Setbacks (ft)					
Front Yard		Side Yard		Rear Yard	
Required	Proposed	Required	Proposed	Required	Proposed
1.7 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	
SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED					
2.1 Owner of Record: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Name (Print) _____ Signature _____ Telephone _____ </div> <div style="width: 45%;"> Address _____ _____ </div> </div>					
2.2 Authorized Agent <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Name (Print) _____ Signature _____ Telephone _____ </div> <div style="width: 45%;"> Address _____ _____ </div> </div>					
SECTION 3 – CONSTRUCTION SERVICE FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE					
3.1 Licensed Construction Supervisor: _____ Licensed Construction Supervisor: _____ Address _____ Signature _____ Telephone _____				Not Applicable <input type="checkbox"/> _____ License Number _____ Expiration Date _____	
3.2 Registered Home Improvement Contractor: _____ Company Name _____ Address _____ Signature _____ Telephone _____				Not Applicable <input type="checkbox"/> _____ Registration Number _____ Expiration Date _____	

SECTION 4 – 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 5 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES – FOR BUILDING AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)****5.1 Registered Architect:**

Name (Registrant):

Address

Signature

Telephone

Not Applicable ☐

Registration Number

Expiration Date

5.2 Registered Professional Engineer(s):

Name (Registrant):

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name (Registrant):

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name (Registrant):

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

Name (Registrant):

Address

Signature

Telephone

Area of Responsibility

Registration Number

Expiration Date

5.3 General Contractor

Company Name

Responsible In Charge of Construction

Address

Signature

Telephone

Not Applicable ☐

SECTION 6 – DESCRIPTION OF PROPOSED WORK (check all applicable)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work:				
SECTION 7 – USE GROUP AND CONSTRUCTION TYPE				
USE GROUP (Check as applicable)				CONSTRUCTION TYPE
A Assembly <input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/>
	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B <input type="checkbox"/>
B Business <input type="checkbox"/>				2A <input type="checkbox"/>
E Educational <input type="checkbox"/>				2B <input type="checkbox"/>
F Factory <input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C <input type="checkbox"/>
H High hazard <input type="checkbox"/>				3A <input type="checkbox"/>
I Institutional <input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B <input type="checkbox"/>
M Mercantile <input type="checkbox"/>				4 <input type="checkbox"/>
R Residential <input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A <input type="checkbox"/>
S Storage <input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B <input type="checkbox"/>
U Utility <input type="checkbox"/>	Specify _____			
M Mixed Use <input type="checkbox"/>	Specify _____			
S Special Use <input type="checkbox"/>	Specify _____			
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE				
Existing Use Group: _____			Proposed Use Group: _____	
Existing Hazard Index 780 CMR 34): _____			Proposed Hazard Index 780 CMR 34): _____	
SECTION 8 BUILDING HEIGHT AREA				
BUILDING AREA	Existing (if applicable)	Proposed		
Number of Floor or stories include Basement levels				
Floor Area per Floor (sf)				
Total Area (sf)				
Total Height (ft)				
SECTION 9 – STRUCTURAL PEER REVIEW (780 CMR 110.11)				
Independent Structural Engineering Structural Peer Review Required		Yes... <input type="checkbox"/>	No.... <input type="checkbox"/>	
SECTION 10a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT				
<p>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.</p>				
Signature of Owner		Date		

SECTION 10b – OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent
Hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent

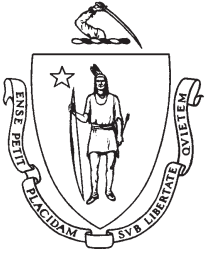
Date

SECTION 11 – ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs (Dollars) to be Completed by permit applicant	Official Use Only	
1. Building	\$	(a) Building Permit Fee Multiplier \$22.00/\$1,000.00	
2. Electrical	\$	(b) Estimated Total Cost of Construction from (6)	
3. Plumbing	\$	Building Permit Fee* (a) x (b)	
4. Mechanical (HVAC)	\$		
5. Fire Protection	\$		
6. Total = (1+2+3+4+5)	\$	Check Number	

SECTION 12 - MUNICIPAL DEPARTMENT SIGNATURES

Conservation	_____	DPW	_____
Board of Health	_____	Treasurer	_____
Fire Department	_____	ZBA	_____



Initial Construction Control Document

To be submitted with the building permit application by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107.6.2

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional*, and hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

☐ Entire Project ☐ Architectural ☐ Structural ☐ Mechanical
☐ Fire Protection ☐ Electrical ☐ Other _____

for the above named project and that such plans, computations and specifications meet the applicable provisions of the Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I understand and agree that I (or my designee) shall perform the necessary professional services and be present on the construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work is being performed in a manner consistent with the approved construction documents and this code.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent comments, in a form acceptable to the building official.

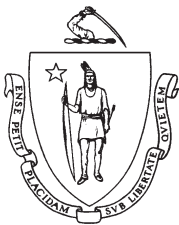
Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____



Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8th Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: _____ Date: _____

Property Address: _____ Building Permit No.: _____

Required Inspections to be performed by the Building Official ^{1,6}			
Inspection	R	Inspection	R
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System ²	
Concrete Slab/Under Floor		Carbon Monoxide System ⁴	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump ³	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage		Final inspection	
All Means of Egress Componentets		All items listed in this table	
Required Site Review and Documentation for Phased Construction ^{1,6,7} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	R	Site Review and Documentation	R
Soil condition/analysis/report		Energy efficiency	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation ²	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Componentets			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume)			
Mechanical Systems		All items listed in this table	

1. The inspections indicated (x) are required by the building official. It is the responsibility of the permit applicant to request these inspections.

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

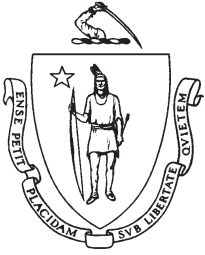
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) _____ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals.

Signature: _____ Phone No.: _____ Email: _____
Signature or type name if electronic signature

Building Official Use Only

Building Official Name: _____ Date: _____



Phase Construction Control Document

To be submitted at completion of required site reviews of phase construction
for work per the 8th edition of the
Massachusetts State Building Code, 780 CMR, Section 107.6.2.2

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

I, _____ MA Registration Number: _____ Expiration date: _____
am a *registered design professional* and I hereby certify that I or my designee have inspected the following work, and I
certify that the work has been performed in a manner consistent with the approved plans and specifications for the
following phase of construction as indicated:

Required Site Review and Documentation for Phase Construction ^{1,6} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	R	Site Review and Documentation	R
Soil condition and analysis		Energy efficiency	
Footings and Foundation , including Reinforcement and Foundation attachment		Fire Alarm Installation ²	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Component			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume)			
Mechanical Systems			

1.

Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below .

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

Work Description^a:

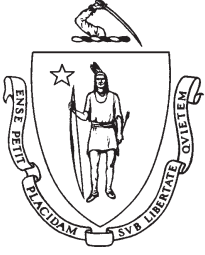
a. Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Date: _____



Final Construction Control Document

To be submitted at completion of construction by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107.6.4

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional*, and hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

☐ Entire Project ☐ Architectural ☐ Structural ☐ Mechanical
☐ Fire Protection ☐ Electrical ☐ Other: _____

for the above named project. I certify that I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis to determine that the work proceeded in accordance with the requirements of 780 CMR and the design documents prepared by me and approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Enter in the space to the right a “wet” or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

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:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 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.† |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] ‡ | |

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

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

Fax # 617-727-7749

www.mass.gov/dia



TOWN OF MASHPEE

Building Department

APPLICATION FOR CHANGE OF USE/OCCUPANCY

DATE: _____ ZONING DISTRICT: _____ MAP: _____ PARCEL: _____

NAME OF OWNER: _____

NAME OF TENANT: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PROPOSED USE: _____

DESCRIPTION: _____

APPROVALS

BUILDING: _____

ELECTRICAL INSPECTOR: _____

PLUMB/GAS INSPECTOR: _____

BOARD OF HEALTH: _____

FIRE DEPARTMENT: _____

TOWN CLERK: _____

SIGNATURE OF APPLICANT: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

PLEASE NOTE:

RETURN COMPLETED APPLICATION WITH ALL SIGNATURES TO THE BUILDING DEPARTMENT WITH A CHECK FOR \$50.00 MADE PAYABLE TO THE TOWN OF MASHPEE.



COMMERCIAL SHORT PERMIT

TOWN OF MASHPEE

BUILDING DEPARTMENT

PH: (508) 539-1406 FAX: (508) 477-0222

CONSTRUCTION ADDRESS: _____

ASSESSOR'S INFORMATION: MAP: _____ PARCEL: _____

OWNER: _____
NAME ADDRESS TEL. #

CONTRACTOR: _____
NAME MAILING ADDRESS TEL. #

Residential _____ Historical District: Yes _____ No _____ Wetlands: Yes _____ No _____

Est. Cost of Construction \$ _____

Construction Supervisor Lic. # _____ Home Improvement Lic. # _____

Workman's Compensation Insurance: (check one)

_____ I am the homeowner _____ I am the sole proprietor _____ I have Worker's Compensation Insurance
(doing work myself)

Insurance Company Name: _____ Worker's Comp. Policy Number: _____

WORK TO BE PERFORMED*

_____ Tent/Size _____ Ramp _____ Siding: # of Squares _____
Date Up: _____ Date Down: _____

_____ Replacement Windows: # _____ Shed (10 X 12 or smaller) _____ Replacement Doors: # _____
(No header change)

_____ Re-roof: # of Squares _____ () Stripping old Shingles () Going over _____ layers of existing roof

*The debris will be disposed of at: _____
(Location of Facility)

I declare under the penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268, Section 1.

"Persons contraction with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c. 142A)"

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____

Fee: \$ _____

Date Issued: _____

(Permit expires 6 months from issue date)



Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Occupancy and Fee Checked _____
[Rev. 1/07] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: _____

City or Town of: _____ To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) _____

Owner or Tenant _____ Telephone No. _____

Owner's Address _____

Is this permit in conjunction with a building permit? Yes ☐ No ☐ (Check Appropriate Box)

Purpose of Building _____ Utility Authorization No. _____

Existing Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead ☐ Undgrd ☐ No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: _____

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Estimated Value of Electrical Work: _____ Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start: _____ Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE ☐ BOND ☐ OTHER ☐ (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: _____ LIC. NO.: _____

Licensee: _____ Signature _____ LIC. NO.: _____

(If applicable, enter "exempt" in the license number line.)

Address: _____ Bus. Tel. No.: _____

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. _____ Alt. Tel. No.: _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) ☐ owner ☐ owner's agent.

Owner/Agent Signature _____ Telephone No. _____ **PERMIT FEE: \$**



G
**TYPE OR
PRINT
CLEARLY**

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORKCITY MA DATE PERMIT # JOBSITE ADDRESS OWNER'S NAME OWNER ADDRESS TEL FAX OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

APPLIANCES ↓	FLOORS →	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER																
BOOSTER																
CONVERSION BURNER																
COOK STOVE																
DIRECT VENT HEATER																
DRYER																
FIREPLACE																
FRYOLATOR																
FURNACE																
GENERATOR																
GRILLE																
INFRARED HEATER																
LABORATORY COCKS																
MAKEUP AIR UNIT																
OVEN																
POOL HEATER																
ROOM / SPACE HEATER																
ROOF TOP UNIT																
TEST																
UNIT HEATER																
UNVENTED ROOM HEATER																
WATER HEATER																
OTHER <input type="text"/>																

INSURANCE COVERAGEI have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES ☐ NO ☐

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY ☐ OTHER TYPE INDEMNITY ☐ BOND ☐OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 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 AGENT

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 plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER-GASFITTER NAME LICENSE # SIGNATURE MP ☐ MGF ☐ JP ☐ JGF ☐ LPGI ☐ CORPORATION ☐ # PARTNERSHIP ☐ # LLC ☐ # COMPANY NAME: ADDRESS CITY STATE ZIP TEL FAX CELL EMAIL

**MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK****P**
TYPE OR
PRINT
CLEARLY

CITY _____ MA DATE _____ PERMIT # _____

JOBSITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

FIXTURES ↴	FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYSTEM																
DEDICATED GAS/OIL/SAND SYSTEM																
DEDICATED GREASE SYSTEM																
DEDICATED GRAY WATER SYSTEM																
DEDICATED WATER RECYCLE SYSTEM																
DISHWASHER																
DRINKING FOUNTAIN																
FOOD DISPOSER																
FLOOR / AREA DRAIN																
INTERCEPTOR (INTERIOR)																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES																
WATER PIPING																
OTHER																

INSURANCE COVERAGE:I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES ☐ NO ☐

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

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 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement._____
SIGNATURE OF OWNER OR AGENTCHECK ONE ONLY: OWNER ☐ AGENT ☐

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 plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER'S NAME

LICENSE #

SIGNATURE

MP ☐ JP ☐CORPORATION ☐ #PARTNERSHIP ☐ #LLC ☐ #

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL _____

FAX _____ CELL _____ EMAIL _____

Commonwealth of Massachusetts

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

_____	_____
_____	_____
_____	_____
_____	_____

Final Inspection

Date

Comments

_____	_____
-------	-------

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
--	--	--



The Commonwealth of Massachusetts

Pursuant to G.L. c. 82A §1 and 520 CMR 14.00 et seq.
(as amended)

Town of Mashpee
16 Great Neck Road North
Mashpee, MA 02649
Ph: 508-539-1406 Fax: 508-477-0222

TRENCH PERMIT APPLICATION

This Section For Official Use Only

Permit Number: _____
Dig Safe Number : _____

Date Issued: _____

Signature: _____
or [Permitting authority]

SECTION 1 - SITE INFORMATION

1.1 Property Address:

Street Name _____

_____ Zip Code _____

City / Town _____

1.3 Description, location and purpose of proposed trench:

1.4 Anticipated Date to Begin Trench Operation

1.2 Map Number _____ Lot/Parcel Number _____
Builder's Lot No _____ Block _____

1.5 Anticipated Date Conclude Trench Operation

SECTION 2 - PROPERTY OWNERSHIP AND PERMIT HOLDER INFORMATION

2.1 Owner of Record:

Name: (Print) _____

Address : _____

Signature _____ Telephone: _____

2.2 Excavator Permit Holder Information:

Name: (Print) _____ Address _____

Signature: _____ Telephone/Emergency Contact Number _____

2.3 Name and Contact Information of Insurer:

Company Name _____ Telephone _____

Address _____

Insurance Certificate #: _____ Policy Expiration Date _____

BY SIGNING THIS FORM, THE APPLICANT/EXCAVATOR AND OWNER, ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT/EXCAVATOR TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT/EXCAVATOR AND OWNER AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT/EXCAVATOR AND OWNER AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT. .

_____, DATE _____
EXCAVATOR SIGNATURE

_____, DATE _____
OWNER'S SIGNATURE (IF DIFFERENT)

For City/Town use -- Do not write in this section

PERMIT APPROVED BY _____

PERMITTING AUTHORITY Building Commissioner /Inspector of Buildings ☐ **Date** _____
Director of Public Works ☐

April '09

CONDITIONS AND REQUIREMENTS PURSUANT TO G.L.C.82A AND 520 CMR 14.00 et seq. (as amended)

By signing the application, the applicant/excavator understands and agrees to comply with the following:

- i. No trench may be excavated unless the requirements of sections 40 through 40D of chapter 82, and any accompanying regulations, have been met and this permit is invalid unless and until said requirements have been complied with by the excavator applying for the permit including, but not limited to, the establishment of a valid excavation number with the underground plant damage prevention system as said system is defined in section 76D of chapter 164 (DIG SAFE);
- ii. Trenches may pose a significant health and safety hazard. Pursuant to Section 1 of Chapter 82 of the General Laws, an excavator shall not leave any open trench unattended without first making every reasonable effort to eliminate any recognized safety hazard that may exist as a result of leaving said open trench unattended. Excavators should consult regulations promulgated by the Department of Public Safety in order to familiarize themselves with the recognized safety hazards associated with excavations and open trenches and the procedures required or recommended by said department in order to make every reasonable effort to eliminate said safety hazards which may include covering, barricading or otherwise protecting open trenches from accidental entry.
- iii. Persons engaging in any in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et.seq., entitled Subpart P "Excavations".
- iv. Excavators engaging in any trenching operation who utilize hoisting or other mechanical equipment subject to chapter 146 shall only employ individuals licensed to operate said equipment by the Department of Public Safety pursuant to said chapter and this permit must be presented to said licensed operator before any excavation is commenced;
- v. By applying for, accepting and signing this permit, the applicant hereby attests to the following: (1) that they have read and understands the regulations promulgated by the Department of Public Safety with regard to construction related excavations and trench safety; (2) that he has read and understands the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et.seq., entitled Subpart P "Excavations" as well as any other excavation requirements established by this municipality; and (3) that he is aware of and has, with regard to the proposed trench excavation on private property or proposed excavation of a city or town public way that forms the basis of the permit application, complied with the requirements of sections 40-40D of chapter 82A.

The permit shall be posted in plain view on the site of the trench.

Summary of Excavation and Trench Safety Regulation (520 CMR 14.00 et seq.)

This summary was prepared by the Massachusetts Department of Public Safety pursuant to G.L.c.82A and does not include all requirements of the 520 CMR 14.00. To view the full regulation and G.L.c.82A, go to www.mass.gov/dps

Pursuant to M.G.L. c. 82, § 1, the Department of Public Safety, jointly with the Division of Occupational Safety, drafted regulations relative to trench safety. The regulation is codified in section 14.00 of title 520 of the Code of Massachusetts Regulations. The regulation requires all excavators to obtain a permit prior to the excavation of a trench made for a construction-related purpose on public or private land or rights-of-way. All municipalities must establish a local permitting authority for the purpose of issuing permits for trenches within their municipality. Trenches on land owned or controlled by a public (state) agency requires a permit to be issued by that public agency unless otherwise designated.

In addition to the permitting requirements mandated by statute, the trench safety regulations require that all excavators, whether public or private, take specific precautions to protect the general public and prevent unauthorized access to unattended trenches. Accordingly, unattended trenches must be 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 or openings greater than 4" may be protected by solid guards or suitable materials, including plywood or wood planks; backfilling must be sufficient to eliminate the trench. Alternatively, excavators may choose to attend trenches at all times, for instance by hiring a police detail, security guard or other attendant who will be present during times when the trench will be unattended by the excavator.

The regulations further provide that local permitting authorities, the Department of Public Safety, or the Division of Occupational Safety may order an immediate shutdown of a trench in the event of a death or serious injury; the failure to obtain a permit; or the failure to implement or effectively use adequate protections for the general public. The trench shall remain shutdown until re-inspected and authorized to re-open provided, however, the excavators shall have the right to appeal an immediate shutdown. Re-inspection must occur within two (2) business days of written notifications by the excavator to the Permitting Authority that it has complied with all repairs/corrections ordered. Permitting authorities

are further authorized to suspend or revoke a permit following a hearing. Excavators may also be subject to administrative fines issued by the Department of Public Safety for identified violations.

SUGGESTED CHECKLIST FOR APPLICATION

- ☐ Worker's Compensation Certificate
- ☐ Insurance Binder from Insurance Company made out to the Town of Grafton
- ☐ Photo Identification of Permit Holder
- ☐ Photo Identification of Person Performing Excavation
- ☐ Dig Safe Number
- ☐ All monies due to the town must be paid (Certificate of Good Standing)