

**TOWN OF CLARKSBURG
TOWN HALL
111 RIVER ROAD
CLARKSBURG, MA 01247**

THIS IS AN APPLICATION FOR A BUILDING PERMIT, NOT THE BUILDING PERMIT ITSELF.

PLEASE READ BOTH SIDES OF EACH SHEET.

ALL INFORMATION PERTAINING TO YOUR PROJECT MUST BE FILLED OUT COMPLETELY WITH A DIAGRAM ON THE BACK HALF INDICATING ALL SIZE MEASUREMENTS AND BOUNDARY DISTANCES. SITE PLAN FOR ADDITIONS, ACCESSORY BUILDINGS, ETC. MUST INCLUDE LOCATION OF WELL AND SEPTIC TANK ON THE PROPERTY IF PRESENT.

IF APPLICATION IS FOR DEMOLITION OR ROOFING *YOU* MUST INDICATE WHERE OLD MATERIAL IS GOING.

IF PROJECT IS BEING DONE BY A CONTRACTOR, A COPY OF ALL CURRENT REQUIRED LICENSES MUST BE ATTACHED TO APPLICATION. (CONTRACTOR'S SUPERVISORS LICENSE AND CONTRACTORS HOME IMPROVEMENT LICENSE).

UPON APPROVAL BY THE BUILDING INSPECTOR AND ANY OTHER DEPARTMENTS THAT ARE REQUIRED TO SIGN OFF ON PERMIT, YOU WILL RECEIVE A YELLOW CARD BY MAIL WHICH MUST BE POSTED IN A PLACE VISIBLE FROM THE STREET. YELLOW CARD MUST COME BACK TO THE BUILDING INSPECTOR AFTER FINAL INSPECTION.

ABSOLUTELY NO CONSTRUCTION IS TO BEGIN UNTIL APPLICATION IS APPROVED AND THE YELLOW PERMIT IS POSTED. INSPECTOR MAY GIVE WRITTEN OR VERBAL APPROVAL TO BEGIN SOONER UNDER CERTAIN CONDITIONS.

Permit application will not be submitted to Building Inspector until all information is complete and permit fee made in full.

TOWN OF CLARKSBURG PERMIT FEES

(Revised September 2026)

Building Permits

- | | |
|---|---|
| 1. New Residential Building | Application Fee: \$75.00
Plus \$6 per thousand of total project |
| 2. New Accessory Building (garage, sheds, decks, etc.) | Application Fee: \$75.00
Plus \$6 per thousand of total project |
| 3. New Comm./Ind./Ed./Rec./Religious | Application Fee: \$75.00
Plus \$6 per thousand of total project |
| 4. Renovations/Alterations (additions, roofs, porches, sunrooms, decks, windows, structural changes) | Application Fee: \$75.00
Plus \$6 per thousand of total project |
| 5. Demolition | |
| Up to 500 s. ft. | Application Fee: \$100.00 |
| Over 500 sq. ft. | Application Fee: \$200.00 |
| 6. Insulation (installation/upgrade) | Application Fee: \$60.00 |
| 7. Wood & Pellet Stoves | Application Fee: \$40.00
\$20.00 per additional inspection if needed |
| 8. Wood & Pellet Furnaces | Application Fee: \$60.00 |
| 9. Solar Panel Installation (roof or ground mounts) | \$6 per thousand of total project plus (+)
electric permit fee |
| 10. Swimming Pool (above & in-ground) | Application Fee: \$60.00
\$15.00 per additional inspection if needed |
| 11. Certificate of Occupancy/Change of Use | Application Fee: \$60.00 per unit |
| 12. Sheds (pre-constructed) | |
| 10x12 (120 sq. ft.) zoning permit needed
(Setbacks: 5ft. side/5 ft. rear) | Application Fee: \$15.00 zoning inspection |
| Larger than 10x12
Building permit needed and regular set back
requirements must be met | Application Fee: \$25.00
Plus \$6 per thousand of total project |
| 13. Fences | |
| 6 ft. stockade
(NO PERMIT NEEDED) | |
| 8 ft. & above
(BUILDING PERMIT NEEDED) | Application Fee: \$30.00 |



Town of Clarksburg, 111 River Road, Clarksburg, MA 01247

413-663-7940 Town Hall, 413-548-6633 Inspector

The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

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

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone? _____
Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

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

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

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

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

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

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

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

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

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

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

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____ Habitable room count _____

Number of fireplaces _____ Number of bedrooms _____

Number of bathrooms _____ Number of half/baths _____

Type of heating system _____ Number of decks/ porches _____

Type of cooling system _____ Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must 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 MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only
Permit Number _____
Date _____

TOWN OF CLARKSBURG

AFFIDAVIT

Home Improvement Contractor Law
Supplement to Permit Application

MGL C142A requires that the “Reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any pre-existing owner occupied building containing at least one but no more than four dwellings units or to structure which are adjacent to such residence or building” be done by registered contractors, with certain exceptions, along with other requirements

Type of Work _____ Est. Cost _____

Address of Work _____

Owner's Name _____

Date of Permit Application _____

I hereby certify that:

_____ Work excluded by law
_____ Job under \$1,000.00
_____ Building not owner occupied
_____ Owner pulling own permit
_____ Other (specify) _____

Notice is hereby given that:

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

Signed under penalties of perjury

Date

Contractor's Name

Registration No.

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

Date

Owner's Name

*The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Workers' Compensation Insurance Affidavit*

Name _____
Locaiton _____
City _____ Phone # _____

_____ I am a homeowner performing all work myself
_____ I am a sole proprietor and have no one working in any capacity

I am an employer providing workers' compensation for my employees working on this job

Company
Name _____
Address _____
City _____ Phone # _____
Insurance Co. _____ Policy # _____

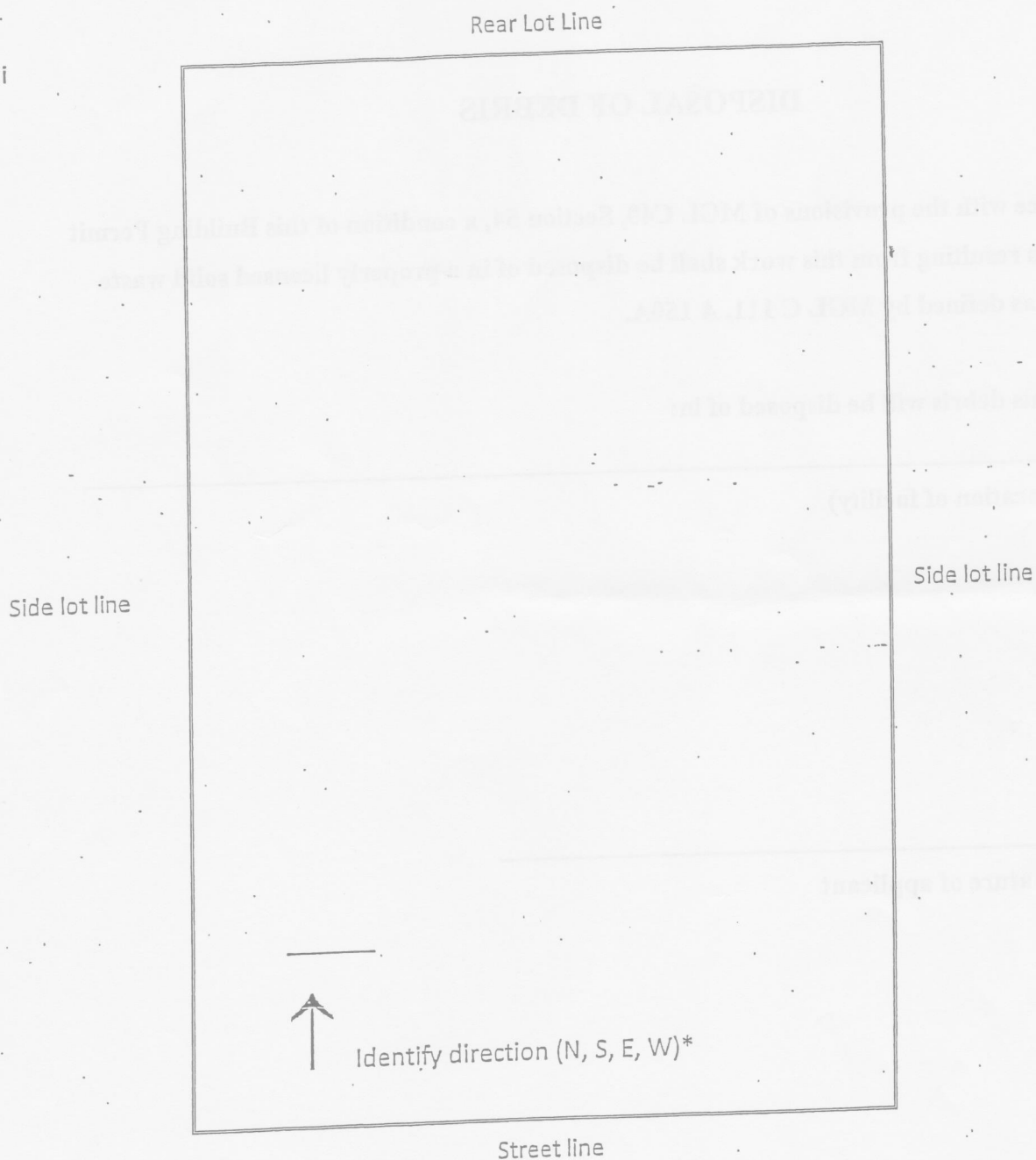
Failure to secure coverage as required under Sections 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification

I do hereby certify under the pains and penalties of perjury that the information above is true and correct.

Signature _____ Date _____
Print Name _____ Phone # _____

Office Use Only
TOWN OF CLARKSBURG Permit/License # _____
_____ Check if immediate response is required
Contact Person: B.J. Church Phone # 413-548-6633 Building Inspector

Please use the diagram below to identify the property lot lines and the distance from each for the construction project.



*Identify the direction of the lot from the street to the rear lot line, i.e. North, South, East or West.

TOWN OF CLARKSBURG DEMOLITION PERMIT

As required under Massachusetts State Building Code, 780 CMR 6th Edition, Section 112, a demolition permit will not be granted until release is obtained, stating the respective service connection have been removed.

Address of Demolition _____ Map _____ Lot _____

Property Owner _____

Demolition Contractor (if applies) _____

Demolition Scheduled to Begin _____

No Utilities are connected to the structure being demolished Date _____

Signature _____

Notification to Adjoining Property
Owners(if applies) Date: _____ Signature _____

Notifications to the following:

Clarksburg Fire Company	Date _____	Verified By _____
Clarksburg DPW (Sewer/Water)	Date _____	Verified By _____
Clarksburg Board of Health	Date _____	Verified By _____
Berkshire Gas Co.	Date _____	Verified By _____
National Grid	Date _____	Verified By _____
Internet, Home Phone, TV	Date _____	Verified By _____

Labor & Industry _____ Verified By _____

DEP Air Quality _____ Verified By _____

MUST BE COMPLETED BEFORE A DEMOLITION PERMIT CAN BE ISSUED

DISPOSAL OF DEBRIS

In accordance with the provisions of MGL C40, Section 54, a condition of this Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL C 111, A 150A.

This debris will be disposed of in:

(Location of facility)

Signature of applicant

CONTACT TIMES FOR INSPECTIONS

(NOTICE SHALL BE GIVEN 48 HOURS IN ADVANCE)

It shall be the responsibility of the permit holder (owner or contractor) to contact the inspector when the work has progressed to the point of needing an inspection.

- **Excavation:** Inspector to observe soil types: groundwater elevation, temporary shoring, site safety.
- **Foundation:** Inspector to observe location, size and shape, width, reinforcing, height of unbalanced fill, fireplace job, ventilation, dam-proofing/waterproofing, foundation drainage and either first floor framing in place or proper bracing before backfill.
- **Framing:** Call after all framing is in place and the sub-trades have finished all cutting, drilling, and notching. Inspector to observe species & grade, spans, connections, cutting & notching; and fire-stopping (after inspection and sign off from sub-trade inspectors)
- **Sub-trade Inspections:** Call appropriate inspector for individual inspections including, but not limited to : Plumbing, Gas, Electrical, Oil Burner
- **Fireplace/chimney:** Call following completion of firebox, throat and first flue set
- **Insulation:** After insulation is in place: inspector to observe insulation type, vapor barrier, and R-values
- **Mechanical:** Inspection of duct installation (for type and fastening), furnace plenum, hydroic piping, wood & pellet stoves, dryer vents, bath exhaust fans, heat pumps, etc.
- **Finish:** Call after sub-trade inspectors have signed for final approvals and building, or parts thereof, are ready for occupancy and/or use

TOWN OF CLARKSBURG INSPECTORS

INSPECTION SERVICES	INSPECTOR'S NAME	CONTACT TEL. NO.
Building Inspector	Bill Meranti	(413) 412-0105
Electrical Inspector	Steve Meranti	664-9010 (home evenings)
Plumbing Inspector	Norman Rolnick	(413) 652-2517
Gas Inspector	Norman Rolnick	(413) 652-2517
Oil Burner Inspection	Fire Company	663-5761 - non-emergency
Fire Dept. Inspections	Fire Company	(same)
Bd. Of Health Inspections	Norman Rolnick	(413) 652-2517
Conservation Comm.	Clebe Scott	663-2985 (home evenings)
Dig Safe		1-888-344-7233