



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

Rev. Sept 2014

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: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> 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)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	

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

Homeowner Warning Notice

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

As a homeowner acting as your own contractor:

- You will be **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the City Ordinances.
- You **must** supervise all work.
- You **must** call the Bldg. Dept. to **schedule all required building inspections.**
- You **must be present for all the building inspections.**
- You have **waived** all rights to the Massachusetts Guaranty Fund.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Workers' Compensation Insurance.
- Failure to carry Workers' Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c.152 § 25)

This warning has been assembled because we have found that a majority of those citizens who act as their own contractor are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its implications.

Signature _____ Date _____

For Office Use Only:

Permit No. _____ Date _____

BEVERLY, MASSACHUSETTS
Construction Supervisor License Exemption
Supplement to Permit Application

DATE SUBMITTED _____

JOB LOCATION _____

HOMEOWNER'S NAME _____

HOMEOWNER'S MAILING ADDRESS _____

HOME PHONE NO. _____ WORK PHONE _____

The licensing exemption for "homeowners" is intended to include owner-occupied one or two-family dwellings and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor.

STATE BUILDING CODE DEFINITION OF HOMEOWNER:

"Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit."

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the City of Beverly Municipal Inspections minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

Homeowner's Signature _____ Date: _____

For Office Use Only:
Permit No.. _____ Date _____

BEVERLY, MASSACHUSETTS
Home Improvement Contractor Registration
Supplement to Permit Application

MGL 142A requires that the “reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal or demolition or the construction of an addition to any pre-existing owner-occupied building containing at least one, but not more than four dwelling units, which building or portion thereof is used or designed to be used as a residence or dwelling unit, or to structures which are adjacent to such residence or building” be done by registered contractors with certain exceptions.

TYPE OF WORK _____ EST. COST _____

ADDRESS OF WORK: _____

OWNER NAME: (PRINT) _____

DATE OF PERMIT APPLICATION: _____

I hereby certify that:

Registration is not required for the following reasons:

- ___ Work excluded by law
- ___ Job under \$1000.00
- ___ 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 142A.

Signed under penalties of perjury:

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

DATE CONTRACTOR’S SIGNATURE REGISTRATION #

OR:

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

DATE OWNER’S SIGNATURE

For Office Use Only:

Permit No.. _____ Date _____



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

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

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

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

Type of project (required):

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

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

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

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

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

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

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____

Information and Instructions

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

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

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

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

City or Town Officials

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

The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



BEVERLY MUNICIPAL INSPECTIONS
CONSTRUCTION DEBRIS DISPOSAL FORM

780 CMR 111.5 & 5111.5 Debris. As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54 requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed; also refer to DEP Regulations 310 CMR 7.09(2) and 310 CMR 7.15, when applicable.

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ 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, S 150A. The debris will be disposed of in:

LOCATION OF FACILITY _____

CONSTRUCTION SITE ADDRESS _____

Signature of Applicant _____ Date _____

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Signature of Applicant _____ Date _____

(PRINT OR TYPE THE FOLLOWING INFORMATION)

Name of Permit Applicant _____

Firm Name, if any _____

**CITY OF BEVERLY
MINOR PROJECT APPLICATION
FOR PROJECTS DISTURBING LESS THAN ONE QUARTER ACRE**

Submittal Date of Application: _____

TO THE DIRECTOR OF ENGINEERING: The undersigned hereby applies for a permit to disturb less than one quarter acre of land in accordance with the following specifications:

I. LOCUS INFORMATION

Ward: _____ **Zoning District:** _____ **Assessors Map #:** _____ **Lot #:** _____
Street Address of Lot to be worked on: _____ **Lot Area:** _____

II. RESPONSIBLE PARTY INFORMATION

Owner's Name: _____ **Phone No.:** _____
Cell Phone No.: _____ **Fax No.:** _____
Owner's Mailing Address: _____

Contractor's Name: _____ **Phone No.:** _____
Cell Phone No.: _____ **Fax No.:** _____
License No.: _____
Contractor's Mailing Address: _____

III. PROJECT DESCRIPTION

Describe Work: _____

Anticipated amount of excavate to be removed from site: _____ cubic yards

Amount of excavate to be utilized on site: Backfill: _____ cubic yards **Grading:** _____ cubic yards
Other: _____ cubic yards

Where and how will excavate be stockpiled on site? _____

The undersigned acknowledge/s that any land clearing, construction, or development involving the movement of earth must be done in accordance with the City of Beverly's Erosion and Sediment Control and Materials Management Ordinance and any Plan approved by the Engineering Department under this Ordinance. Further, as the applicant representing the owner, I hereby certify that the proposed measures are authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Owner: _____ **Date:** _____
Signature of Applicant (if not owner): _____ **Date:** _____
Applicant's Business Address: _____ **Phone No.:** _____
Cell Phone Number: _____ **Fax No.:** _____

Accepted By: _____ **Date:** _____
Director of Engineering: _____ **Date:** _____

CITY OF BEVERLY
ABBREVIATED EROSION/SEDIMENT CONTROL & MATERIALS MANAGEMENT APPLICATION
FOR PROJECTS DISTURBING LESS THAN ONE ACRE BUT MORE THAN ONE QUARTER ACRE

Submittal Date of Application: _____

TO THE DIRECTOR OF ENGINEERING: The undersigned hereby applies for a permit to disturb less than one acre of land but more than one quarter acre of land in accordance with the following specifications:

I. LOCUS INFORMATION

Ward: _____ **Zoning District:** _____ **Assessors Map #:** _____ **Lot #:** _____
Street Address of Lot to be worked on: _____ **Lot Area:** _____

II. RESPONSIBLE PARTY INFORMATION

Owner's Name: _____ **Phone No.:** _____
Cell Phone No.: _____ **Fax No.:** _____
Owner's Mailing Address: _____

Contractor's Name: _____ **Phone No.:** _____
Cell Phone No.: _____ **Fax No.:** _____
License No.: _____
Contractor's Mailing Address: _____

III. PROJECT DESCRIPTION

Describe Work: _____

Anticipated amount of excavate: _____ cubic yards

Amount of excavate to be utilized on site: Backfill _____ cubic yards Grading _____ cubic yards
Other _____ cubic yards

Amount of excavate to be removed from site: _____ cubic yards

Where will excavate be stockpiled on site? _____

How will stockpiled material be protected from erosion?

- Ringed w/ staked hay bales and/or entrenched silt fence _____
- Covered w/ staked geotextile or similar fabric _____
- Seeded with quick growing grass during growing season _____
- Other _____

Describe the location of site entrance/exit and how public ways and associated drainage structures will be protected from soil and debris migrating off site by way of equipment traffic _____

Describe measures to be taken to protect adjacent properties from sedimentation and migration of trash, debris and other material _____

Describe measures to be taken to house any hazardous materials, and protocol for mitigating their release _____

The undersigned acknowledge/s that any land clearing, construction, or development involving the movement of earth must be done in accordance with the City of Beverly's Erosion and Sediment Control and Materials Management Ordinance and any Plan approved by the Engineering Department under this Ordinance. Further, as the applicant representing the owner, I hereby certify that the proposed measures are authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Owner: _____ **Date:** _____

Signature of Applicant (if not owner): _____ **Date:** _____

Applicant's Business Address: _____ **Phone No.:** _____

Cell Phone Number: _____ **Fax No.:** _____

Accepted By: _____ **Date:** _____

Engineering Dept.: _____ **Date:** _____

**CITY OF BEVERLY
EROSION/SEDIMENT CONTROL & MATERIALS MANAGEMENT APPLICATION**

Submittal Date of Application _____

TO THE DIRECTOR OF ENGINEERING: The undersigned hereby applies for a permit to disturb one acre or more of land in accordance with the following specifications:

1. Locus Information

Ward:		Zoning District		Assessor Map		Assessor Lot	
Street Address				Lot Area			

2. Responsible Party Information

Owner Information

Name		Phone No.	
Address		Fax No.	
		Cell Phone No.	

Licensed Professional Engineer Information

Name		Phone No.	
Address		Fax No.	
		Cell Phone No.	
		Mass. License No.	

Contractor Information

Name		Phone No.	
Address		Fax No.	
		Cell Phone No.	
		License No.	

3. Site Description

Describe the Nature and Purpose of the Project, the overall site, and adjacent properties:

Describe Types of Soil Disturbing Activities:

Runoff Coefficient:	
---------------------	--

Site Area:	
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Sequence of Major Activities(in order of occurrence)

Order	Description of Activity	Estimated Date of Commencement of Work	Estimated Completion Date
	Installation of temporary erosion/sediment control measures		
	Stripping and clearing		
	Rough grading		
	Construction of utilities		
	Construction of other infrastructure		
	Construction of buildings		
	Final grading and landscaping		
	Other (specify)		
	Other (specify)		

Description of Receiving Waters

4. Controls—Erosion & Sediment

Details and Specifications on Proposed Stabilization Practices (Erosion Controls)

Structural Practices (Sediment Controls)

A large, empty rectangular box with a thin black border, intended for describing structural practices related to sediment control.

Storm Water Management (Waterway/water course protection)

A large, empty rectangular box with a thin black border, intended for describing storm water management practices for waterway and water course protection.

Offsite Vehicle Tracking (Construction site access)

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5. Materials Management Practices

Materials Storage, application and disposal (Pesticides/Chemicals)

--

Hazardous Materials—Storage, use and disposal (Petroleum Products)

--

Sanitary Waste

--

Other Materials (Washout concrete/excess pavement etc)

--

6. Inspection

The Permittee shall notify the City of Beverly Engineering Department at least two working days before the following:

A	Start of construction
B	Installation of sediment and erosion control
C	Completion of site clearing
D	Completion of rough grading
E	Completion of final grading
F	Close of construction season
G	Completion of final landscaping
H	Removal of sediment and erosion control measures

The undersigned acknowledge/s that any land clearing, construction, or development involving the movement of earth must be done in accordance with the City of Beverly’s Erosion and Sediment Control and Materials Management Ordinance and any Plan approved by the Engineering Department under this Ordinance. Further, as the applicant representing the owner, I hereby certify that the proposed measures are authorized by the property owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. I further certify that a legal notice in a newspaper of general circulation will be advertised and abutters notified by regular mail within 3 days of submission of this application.

Signature of Applicant _____ Address _____ Date _____

Signature of Owner		Date:	
Signature of Applicant(if not owner)		Date:	
Applicant’s Business Address		Phone No.:	
		Fax No.:	
		Cell Phone No.:	

Accepted by		Date:	
Engineering Dept.		Date:	
Permit Fee:---\$200.00	Check No.:	Date:	
Bond/LC Amount		Date:	

Required Attachments:

- Natural resources map (Section 20-170.1.a.)
- Identification of sensitive or potentially problematic areas or characteristics on and adjacent to the site (Section 20-170.1.c.)
- Site development plan depicting the proposed project improvements, existing and proposed grades, and all erosion control measures (Section 20-170.1.d.)
- Vegetation/revegetation/landscaping plan (Section 20-170.1.g.)
- An operation and maintenance plan (Section 29-170.1.h.)
- Supporting calculations



**CITY OF BEVERLY – MUNICIPAL INSPECTIONS DEPARTMENT
 STRETCH ENERGY CODE COMPLIANCE
 RESIDENTIAL BUILDINGS
 1 & 2 FAMILY – MULTI-FAMILY, 3 STORIES OR LESS
 Effective January 1, 2012**

Project Address: _____ Date _____
 Description of Project: _____

Please check all that are applicable:

NEW CONSTRUCTION:

- HERS (Home Energy Rating System) Index Rating (report included)
- Rating of 65 or less (for units equal to or greater than 3000 sq. ft.)
- Rating of 70 or less (for units less than 3000 sq. ft.)

ADDITIONS:

- Prescriptive Option:** Addition conforms to current IECC Chapter 4, **and** complies with:
 1. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist
 2. Fenestration U-factor meets Energy Star requirements for Doors, Windows and Skylights - Version 5
 3. Ducts for new HVAC systems shall be sealed and tested to demonstrate leakage to outdoors of less than or equal to 4 cfm per 100 sq. ft. of conditioned floor area, except where the airhandler and all ducts are located within conditioned space
- Performance Option:** HERS rating for new construction (above)

ALTERATIONS, RENOVATIONS OR REPAIRS

- Not Applicable:** Proposed work does not affect building energy envelope
- Roofing/Siding:** Uninsulated roofs or walls to be insulated to Stretch Code requirements when the sheathing is exposed as part of the re-roofing or re-siding of the building, per IECC 101.4.3 (Mass. amendment)
- Exempt:** Work is exempt under 780CMR 115AA 101.4.3 Exception # _____
- Prescriptive Option:** The affected portion of the envelope complies with the Prescriptive Option for additions (above). Envelope insulation will meet or exceed IECC requirements for climate zone 5, or fully fill existing cavities with insulating material which meets or exceeds an R value of 3.5/inch.
- Performance Option:** Meets New Construction Performance Option with the following HERS rating requirements:
 1. Rating of 80 or less (for units equal to or greater than 2,000 sq. ft. in conditioned floor space)
 2. Rating of 85 or less (for units less than 2,000 sq. ft.)
 3. Compliance with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist.

If using the HERS Index Rating, please include the following information:

RESNET Certified HERS Rater:
 Name: _____
 Address: _____ Phone: _____
 Please include copy of Certification of HERS Rater.

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

Owner's Name (1&2 Family) _____ Signature _____ Date _____

Contractor's Name _____ Signature _____ Date _____

If work is under design provisions of 780 CMR 107.6, Construction Control, the following is required:
 Registered Design Professional (Multi -Family) _____
 Reg. Des. Profs. Signature _____ Date _____