

INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

Fred Varone Inspector of Buildings/ Zoning Officer Telephone: (781) 231-4116 .

INSTRUCTIONS FOR OBTAINING A BUILDING PERMIT FOR NEW CONSTRUCTION OF SINGLE-FAMILY/TWO-FAMILY HOMES OR COMMERCIAL BUILDINGS

- A) Submit nine (9) copies of a certified, topographical plot plan, which show the proposed water and sewer locations. Complete the building application, foundation application, and submit with two (3) complete building plans stamped by the Fire Department for smoke alarms. Three (3) complete building plans stamped by the Fire Department are required for all new commercial buildings. One set of plans must be kept at the site.
- B) Complete the attached nine (9) department applications with a copy of the certified, topographical plot plan. Proposed plot plans will be stamped in and circulated to nine different departments for their review.
- C) See the Plumbing Inspector regarding the I/I sewer fee, sewer permit fee and plumbing permit fee. At this time, the water-tapping fee must be paid at the Department of Public Works.
- D) If all departments approve filed plans, a foundation permit will be issued. After the footing/foundation is complete and damp proofing/water proofing is applied to the foundation, an inspection is then required before back-filling.
- E) A certified plot plan and survey record showing the topography of the land is required for the issuance of a building permit. It must also show the exact location of the foundation, sewer, water, gas, cross ties and other utilities. Maximum lot coverage is 25% and the maximum building height is thirty-five (35) feet for single and two family homes.

The Building Inspector's hours in the office are: Monday through Friday 8:30-9:30 A.M. Monday through Thursday 12:00-1:00 P.M. Monday evenings only 5:00-7:00 P.M.

All permits must be paid by check, made payable to the Town of Sangus.

I acknowledge that I have read and understand the above information.

X	
Applicant signature	Date



298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

aspectional Services Department

Telephone: (781) 231-4115 (781) 231-4116

SURVEY RECORD

Date			
Street and Number	Precinct	Permit #	med or a
Name of owner	Address	nachada e consistent antifest attribuggi syds Seats and a season assasks of as samply the frame assas, as present	terrespon
Name of Builder	Lot A	Areasq. f	t.
Zone District	Lot A	Areasq. f	t.

*ARTICLE 1

Section 113.6

Before the issuance of a permit for the erection of a building, a plot plan to scale 1" - 40" must be submitted showing the location of the building on the lot, dimensions of the lot and relation of building to lot lines and street lines. This plot plan shall show to scale the size and location of all the new construction and all existing structures on the site, distance from lot lines and all existing structures on the site, distances from lot lines and the established street grades; and it shall be drawn in accordance with an accurate boundary line survey, done by a registered land surveyor. When forms are in place or trench ready for stone or cement block foundation notice must be given to the commissioner before proceeding with the work. In the case of poured concrete foundation walls, the forms, and in the case of walls of concrete block or stone, the first foot of the wall, when laid, must be surveyed by a registered land surveyor and a copy of the survey filed with the commissioner accompanied by an affidavit of the surveyor that the corners, lot lines, dimensions, offsets and locations of existing buildings and proposed buildings as shown on the survey are correct and comply with the applicable provisions of the Zoning Ordinance.



INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET Suite#6 SAUGUS, MASSACHUSETTS 01906

Fred Varone Building Commissioner/Zoning Officer Telephone Number 781-231-4119 Fax Number 781-231-4187 email: fvarone@saugus-ma.gov

TOWN OF SAUGUS APPLICATION FOR PERMIT TO BUILD OR ALTER

HOMEOWNERS FILLING OUT THEIR OWN PERMITS MUST FILL OUT ALL FOUR PAGES

THIS APPLICATION MUST	BE PRINTED			Permit Number	r \$	
					\$	
Lessee:						
Lessee:	P. Committee of the com			Date Issued		
Owners Name						
City / Town			Phone #	ŧ		
Architects / Engineers City / Town	See See		Address	S	, pa ²	
City / Town	July July		Phone #	ŧ	1 - 2	
Builders Name			Address	S		
City / Town			Phone #	#	(66) #	
Licenses: Improvemen	t (HIC) #		Constru	action Supervis	sor (CS) #	
Address of Performed V	Work	1		¥	Dlan	
Assessors Map	Block	Lot	Zoning	Lot	Pian	
Purpose of Building Per	rmit				Uaight	
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How Near Lot Lines: R Size of New Construction	ight	Left	Mothod of Ho	ating h	<u> </u>	Fuel
Size of New Construction	n		Wiemod of the	aung		
Cost of Construction W Is Building In Flood Pla	ONLY &					
Is Building In Flood Pla	in?	WC	tialius:			
		RESIDE	NTIAL			
Number of Families		Number of Sto	ries	Height		
Garage: Under	Atta	ached	Modular	Stic	k Built	
Number of Families Garage: Under Water/Sewer Permit		Septic System		Wells	W = 7	
Water Sevier 1 chare						
		ROOFING, SID	ING & POOLS			
Roofing: Number of La	yers	Ma	terial to be Applied	·		
Siding: Present Siding;	Wood	Vinyl _		Asbestos		
Siding: Materials to be	Applied		Number	rs of Squares _	C	
Roofing: Number of La Siding: Present Siding; Siding: Materials to be Pools: In-Ground Fibers	glass Above grou	and G	funite	_Vinyl	Cement	
Type & Height of fence						
Signature of Applicant	X					



INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

Fred Varone Inspector of Buildings/ Zoning Officer Telephone: (781) 231-4116

PERMIT TO BUILD FOUNDATION ONLY

17atc.
Location:
MUST CALL FOR INSPECTION BEFORE BACKFILLING
To the Inspector of Buildings,
The undersigned applies for special permission to construct a foundation only, subject to approval of plans, under such conditions as the Inspector may specify in his permit and in 780CMR Section 111.13.
Signature of owner or authorized person
X
Address
Licensed person in charge
Address
License Number
An inspection is required after waterproofing and before backfilling. An "as built" must be submitted with a surveyors affidavit before the building permit is issued.
Approved by Inspector of Buildings
X
Date



Department of Industrial Accidents

Office of Investigations 600 Washington Street Boston, MA 02111

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information Please Print Legibly

Name (Business/Organization/Individ	ual):	
Address:		g. The control of the global measure and the property of the control of the cont
City/State/Zip:	Phone #:	
Homeowners who submit this affidavit indicati	4. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. † These sub-contractors have workers' comp. insurance. We are a corporation and its officers have exercised their	s must submit a new affidavit indicating such
am an employer that is providing wo afor nation. asur mee Company Name: olic / # or Self-ins. Lie. #: ob Site Address: ttach a copy of the workers' compensione to secure coverage as required in the pio \$1,500.00 and/or one-year in	Expinensation insurance for my employ City/Sensation policy declaration page (showing the sunder Section 25A of MGL c. 152 can lead to to apprisonment, as well as civil penalties in the for	ration Date: cate/Zip: capolicy number and expiration date). the imposition of criminal penalties of a run of a STOP WORK ORDER and a fine
f up to \$250.00 a day against the violar ever igations of the DIA for insurance	ator. Be advised that a copy of this statement me coverage verification.	nay be forwarded to the Office of
do hereby certify under the pains and ignature: hone #:	d penalties of perjury that the information pro Date:	
Control of the Contro	his area, to be completed by city or town officia	al.
Cry or Town:	Permit/License #	
Issuing Authority (circle one): 1. Board of Health 2. Building De 6. Other	partment 3. City/Town Clerk 4. Electrical	Inspector 5. Plumbing Inspector
Contact Person:	Phone #:	



INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

Inspectional Services Department

Telephone: (781) 231-4115 (781) 231-4116

In accordance with the provisi Building Permit Number from this work shall be disposed disposal facility as defined by	is that the debrated of in a properly licensed	is resulting
This debris will be disposed of	f in which City or Town:	
Street Address	City / Town	
Type of Container for Transportation	ť	
X	aan maalaa saa ahaa ka k	
Signature	e of Permit Applicant	

EFFECTIVE AS OF APRIL 1, 2001

NEW CONSTRUCTION

Owner's Name:			apparium de Linkonsskaan reimet jugsteen een de dezischte van de Gescheids de Gescheids van de Gescheids de Gescheids van de	Sillings Statistication in communication will be physically for the discussion and communication of communications.
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Residential Sewer Ent üxtures.	rance Fees: \$	100.00 per fi	sture outlet i	ncluding future
Fixture	Basement	1st Floor	2 nd Floor	Total
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TOTAL FIXTURES	And the second s	namenanan ¹ ka manasalah pempan Madigi kahalila di Malama Malah dibad		

TOTAL	FIXTURES	X	\$100.00		\$
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Any fixtures added to building while under construction must be submit a set of <u>PLANS</u> with extra FIXTURE <u>FEES</u>.

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION.

SEE Jim Kennedy. PLUMBING INSPECTOR

After paying Sewer Entrance and Water Tapping fees at the D.P.W., 515. Main Street bring the receipts back to the Plumbing Inspector.

Have your License Drain Layer apply to the Plumbing Inspector for a permit to install water and sewer lines.

Pay additional fixture outlet fees to the Plumbing Inspector.

Pay bedroom fees to the Plumbing Inspector.

A Foundation Permit will not be issued unless all of the above is signed off by the Phumbing Inspector.

INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

Chris Coviello
Electrical Inspector

Telephone: (781)231-4123 Fax: (781)231-4109

To: Licensed Construction Supervisors Subject: Concrete Encased Electrodes

The 2008 NEC Article 250.52 (3) Concrete Encased Electrode as adopted in January of this year by the national Fire Protection Association requires that all qualifying concrete —encased electrodes be connected to the grounding system for the building, unless the building is an already existing structure. A qualifying concrete —encased, reinforcing-steel electrode is

- At least 1/2 in, in diameter(corresponding to a No. 4 bar, or larger)
- At least 20 ft. in length
- Placed within and near the bottom of a concrete foundation or footing that is in direct contact with the earth.

This means in turn, that for new constuction, a connection must be made to such steel electrodes (where they exist) using a #4 AWG or larger copper grounding electrode conductor, with the other end of the wire arranged to leave the concrete at some convenient point. This means for connection must be listed by a qualified testing laboratory (such as UL) both with respect to suitability for embedment in concrete as well as reinforcing steel. The electrical connections are covered under MGL Chapter 141 and Chapter 143 Section 3L. Therefore the connection to the electrode must be done by a licensed electrician. If THERE WILL BE REINFORCING STEEL IN THE FOOTING OR BOTTOM OF A FOUNDATION IN ANY BUILDING, THERE MUST BE AN ELECTRICAL CONNECTION MADE, OR ARRANGE THE STEEL TO EXTEND FROM THE CONCRETE, AND AN ELECTRICAL INSPECTION PERFORMED PRIOR TO THE CONCRETE POUR

ENERGY CONSERVATION APPLICATION FORM FOR LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS 780 CMR Appendix J

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Prescriptive Package (Limited to 1- or 2-	family wood fra	me buildings l	neated with fossil firels	ดหรับ)
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(For items d. through i., fill				11111 65) 110111 1 duic 33.2	£ C
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b. Glazing Area	SQ.A.		Floor R-value	A grammer (as color color color production) (all deposits from a grammer from	
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d. Glazing U-value	U-		Slab Perimete	Contraction of the Contraction o	
e. Ceiling R-value	R-		Heating AFU	and a second control of the second control o	
Component Performan	ere: "Wannal Trad	la_Off" (Limited	to wood or me	eral framed buildings o	Colm
Climate Zone (from Figure 3	Samuel Malay	Zone 12	Zone 13	Zone 14	may)
Attach Trade-Off Worksheet	from Appendix J, [and rivac iraa	e-Ojj worksnee	r, ii applicable]	-31
MAScheck Software					
Attach Compliance Report a	nd Inspection Chec	klist printouts			
Home Energy Rating S	ystem Evaluation				
Attach Home Energy Rating	Certificate (HERS	rating score mus	t be 83 or highe	a)	
Systems Analysis	OR Rei	newable Energy	Sources		
Attach Mass Registered Arch	hitect or Engineer A	nalysis			
	ALTERNATIV		TIONS ONT	v.	
a. Gross Wall Ceiling Area					94
ADDITION with Giazi					000A01000.sedunases
MAXIMUM U-value	15 70 (C) 10 to 407			.4.3.1 Octow:	
Fenestration	Ceiling' Wall		L-Values Sasement Wall	Slab Perimeter, Depth	
B 25 9	R-37 R-13	R-19 B		R-10, 4 ft	
 Glazing Area may be either I Based on NFRC listing. App 			htad svaraga af a	II mite	
3 R-30 ceiling insulation may l					iling area
(i.e not compressed over ex					
SUNROOM" addition	(greater than 40%	glazing-to-wall	l and ceiling gr	oss area)	
Attach "Consumer Information	on Form" from 780	CMR Appendix	В.		
Official's Name:	Processor one and the strong planting part and the planting of the facility of the control of the planting part and the facility of the control of the planting part and the facility of the control of t	Official's	Signature:	Mayor was the second of the second of the second	Trong conducted gardy steps (Chinadalona)
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COMMONWEALTH OF MASSACHUSETTS

TOWN OF SAUGUS

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APPLICATI	ON FOR PERMIT TO PLA	CE FILL
In accordance with the provisions of Chapter 111 of the General Laws of to place fill is made by: (Print or Ty	the Commonwealth of Massa	with authority of Section 31, of chusetts application for a permit
NAME OF APPLICANT		
BUSINESS ADDRESS		
TELEPHONE NO.		
LOCATION/ADDRESS WHERE I	FILL IS COMING FROM	
TYPE OF FILL (gravel, sand, loam		
QUANTITY OF FILL		
ADDRESS OF DISPOSITION OF		
DATE FILLING TO START	to and a water plate for a sequential artificial and all sequences are all sequences and a sequences are a sequences and a sequence and a sequence and a sequence are a sequences as a sequence and a sequence are a sequence as a	
LENGTH OF TIME OF FILL OPE	RATION	
ADDITIONAL INFORMATION I	F REQUIRED	
I, the undersigned have read, under regarding the placing of fill. Petitioner assumes full responsibility not limited to any adverse effects or	y for the final grading of the fil	
mpd .	Signature of	Applicant
	Approved	Disapproved
Conservation		
Planning Board	Approved .	Disapproved



Board of Health: Sharon H. McCahe Director of Public Health BOARD OF HEALTH 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

> Telephone: (781) 231-4120 Fax: (781) 231-4109 smccabe(dsaugus-ma.gov

HEALTH DEPARTMENT NOTICE

All food or food retail establishments must obtain plan approval from the Board of Health for new construction or extensive renovation to existing establishments.

Public or Semi Public Swimming Pools must obtain plan approval from the Board of Health for new construction or extensive renovation to existing pools.

Massage Establishments must apply for a Board of Health Permit prior to opening.

Tanning Salons must apply for a Board of Health Permit prior to opening.



INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET "SAUGUS, MASSACHUSETTS 01906

dispectional Services Department

Telephone: (781) 231-4115 (781) 231-4116

TOWN OF SAUGUS

Date:
Owner:
Owners Address:
Person Submitting Application:
If Agent, Proof Of Being (Letter or Contract)
The state of the s
Location Of New Building Street & Number
Zoning: What Zoning Is Property Presently Under
Present Building Use:
Planned Future Lice:
Conforming Use: Yes No -
Pre-Existing Non -Conforming Use: Yes No
Special Pennit Must Be Obtained On All Non-Conforming Uses.
Purpose
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Not Approved () Give Reasons:



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TOWN OF SAUGUS

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TOWN OF SAUGUS

BUILDING DEPARTMENT APPLICATION

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Person Submitting Application:	ementalisti mara maranesim selimeksih kamanampinisti silanan igasian. Na sidaasistan kaseen keen na dagii nekassissa v
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Planned Future Use: Conforming Use: Yes No	establishmitherin er estudiolytin innovation. Antikul nelistorin finnouneapasian rengulaussussi son vingulaus auss.
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INSPECTIONAL SERVICES DEPARTMENT 298 CENTRAL STREET SAUGUS, MASSACHUSETTS 01906

Inspectional Services Osportagus

Telephone: (781) 231-4115

(781) 231-4116

TOWN OF SAUGUS

BUILDING DEPARTMENT APPLICATION

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The appricant shall, prior to any type of demolition, and if need be during construction, employ a licensed pest control firm for site evaluation and service. A copy of the service program is to be submitted to the Health Department.

If fill is to be brought onto the site, the applicant must obtain a fill permit from the Health Department in accordance with Saugus Board of Health Regulations, Article 21. The fill material must comply with said regulations and Planning Board Requirements.

A signed Sewer Moratorium Acknowledgement must be submitted prior to construction.



Inspectional Services Department

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TOWN OF SAUGUS

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Person Submitting Application:
If Agent, Proof Of Being (Letter or Contract)
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Inspectional Services Department

TOWN OF SAUGUS

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TOWN OF SAUGUS

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Inspectional Services Department

TOWN OF SAUGUS

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TOWN OF SAUGUS

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