



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

TOWN OF
AGAWAM

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

*Revised
July 2025*

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 _____

Zoning Information:

Zoning District _____ Proposed Use _____

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

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

<p>Construction Supervisor License (CSL)</p> <p>_____</p> <p>Name of CSL Holder _____</p> <p>_____</p> <p>No. and Street _____</p> <p>_____</p> <p>City/Town, State, ZIP _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____ Email address _____</p>	<p>_____</p> <p>License Number _____ Expiration Date _____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </tbody> </table>	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
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																		

<p>5.2 Registered Home Improvement Contractor (HIC)</p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name _____</p> <p>_____</p> <p>No. and Street _____</p> <p>_____</p> <p>City/Town, State, ZIP _____ Telephone _____</p>	<p>_____</p> <p>HIC Registration Number _____ Expiration Date _____</p> <p>_____</p> <p>Email address _____</p>
---	---

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:

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

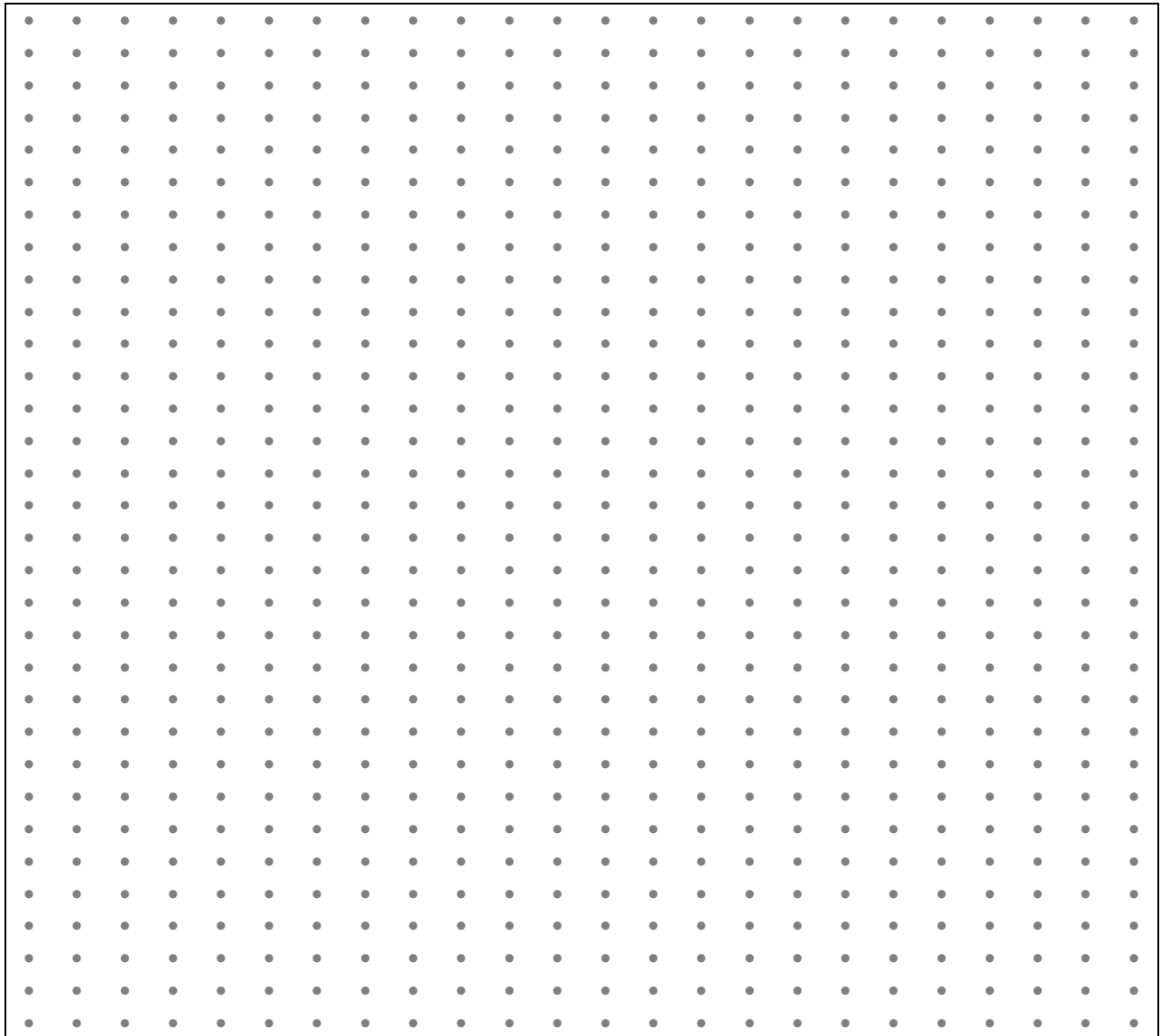
When substantial work is planned, provide the information below:

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 _____	

“Total Project Square Footage” may be substituted for “Total Project Cost”

Plot Plan

Show all structures on lot existing or proposed



Front Property Line

Please indicate setbacks for all proposed work



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia

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:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

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 (check one):

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

Contact Person: _____ Phone #: _____



Commonwealth of Massachusetts

Town of Agawam

Building Department

1000 Suffield Street Agawam, MA 01001 | (413) 821-0632

DEBRIS DISPOSAL AFFIDAVIT

In accordance of the provisions of M.G.L. Chapter 40, section 54, I acknowledge that as a condition of the building permit 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 M.G.L. Chapter 111, section 150A.

Disposal/Dumpster Firm Name

Construction Site Address

Signature of Permit Applicant

Date



Commonwealth of Massachusetts
Town of Agawam
Building Department
1000 Suffield Street, Agawam MA 01001 | (413) 821-0632

HOMEOWNER'S EXEMPTION FORM

DATE: _____

JOB LOCATION: _____
Number Street Address

"HOMEOWNER" _____
Name Telephone Number

PRESENT MAILING ADDRESS: _____
Number / Street Address

City/Town State Zip Code

DEFENITION OF HOMEOWNER: 780 CMR 110.R5

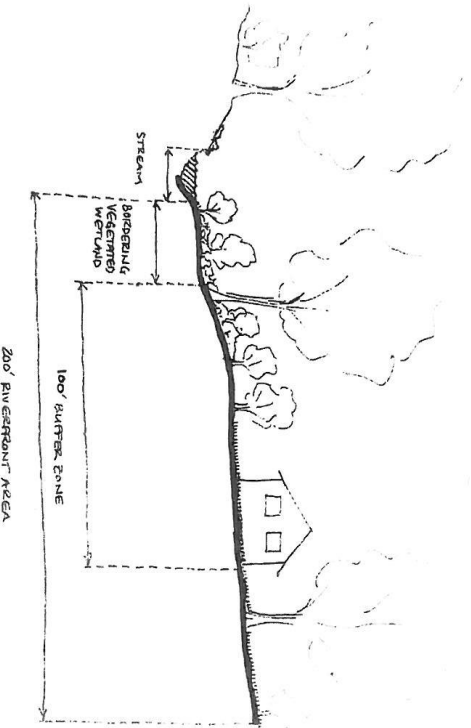
Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall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

The undersigned "homeowner" assumes responsibility for compliance with the 10th Edition of 780 CMR the State Building Code and other applicable codes, by laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Mass State Building code 780 CMR and the Town of Agawam's Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE: _____ DATE: _____

Wetland Resource Areas and Buffer Zones



DID YOU KNOW?

- Wetlands on both public and private property are regulated.
- You are responsible for activity that occurs on your property. Before you hire a tree company, landscaper, or contractor call the Conservation office to determine if you need a permit.
- Wetlands can be wooded or meadow-like; wetlands often appear dry in the summer.
- The Conservation Commission takes enforcement action for work done without a permit.

LIVING WITH WETLANDS

A Guide to
Wetland Protection Laws
in Agawam



Read this before you
dump, cut, or build
near wetlands.
You may need a permit.

Agawam Conservation Commission
36 Main Street
Agawam, MA 01001
Telephone: 413-786-0400 x 8737

WHAT WETLANDS ARE PROTECTED?

By law, wetlands are defined by the kind of plants that grow in them (such as jewel weed, red maples, or skunk cabbage) and the kind of soils that exist there. The Conservation staff or a wetland specialist can help you determine whether you live near a wetland.

The Commission must permit any work:

- Within 100 feet of a:
 - Swamp or marsh
 - Forested wetland
 - Vernal pool
 - Pond
 - Intermittent stream
- Within 200 feet of a stream that flows year round
- Within the 100-year flood zone

Wetlands may not be wet all the time. Low areas that flood in the spring may be wetlands.

Wetlands are valuable because they reduce flooding, provide wildlife habitat, help recharge aquifers, and filter polluted water.

ARE BUFFER ZONES AROUND WETLANDS PROTECTED?

Yes! Buffer zones, the land within 100 feet of wetlands, are critical in maintaining health and productivity of wetlands.

Laws also regulate work within 200 feet of a stream.



WHAT ACTIVITIES ARE REGULATED?

The Conservation Commission must permit activities that will alter wetlands or their buffer zones. Regulated activities include:

- Dumping leaves, brush, grass, debris
- Cutting trees or shrubs
- Reconstructing lawns
- Building or constructing structures or a septic system
- Grading, excavating, or filling
- Changing storm water discharge
- Polluting wetlands or streams

You can maintain lawfully existing (grandfathered or permitted) structures, lawns and landscapes, and you can do some limited vista pruning of trees, but **cutting of whole trees, clearing understorey, construction, earth disturbing activities, or drainage altering activities require a permit.**

WHAT WETLAND LAWS APPLY?

The **Massachusetts Wetlands Protection Act** protects the above-mentioned wetlands and buffer zones from construction, filling, landscaping, and cutting.

WHAT'S THE APPLICATION PROCESS?

In general, you must fill out a **permit application** (we have the forms for you), notify your abutters (we have those forms too), attend a **public hearing** (it's easy), and resolve any concerns about protecting the wetlands (we help). Then you may receive a **permit** for the work.

WHAT SHOULD I DO IF I HAVE A PROJECT IN MIND?

1. Determine if your project will occur within a wetland or buffer zone – see the graphic on the back of this flyer.
2. Call the Conservation Office with questions.
3. Complete the required application.
4. Attend a public hearing.
5. Get a permit before starting work.



WHAT HAPPENS TO VIOLATORS?

Violations include unpermitted:

- Dumping of grass, leaves, brush, or debris in a wetland or buffer zone;
- Cutting of trees or shrubs within Riverfront Area, wetland, or buffer; or
- Building without a permit within Riverfront Area, wetland, or buffer.

Under the Wetland Protection Act, the Conservation Commission can require illegally altered land to be restored to its original condition.

HELP PROTECT WETLANDS!

You can do more than just obey the law.

- Do not use fertilizers, herbicides, insecticides, or deicers near wetlands.
- Encourage native vegetation and native wildlife.