

BUILDING PERMIT APPLICATION

# SOLAR

TOWN OF WARE, MASSACHUSETTS

413-967-9648 x180

VP ID \_\_\_\_\_  
 RECEIVED: \_\_\_\_\_  
 FEE: \_\_\_\_\_  
 CK #: \_\_\_\_\_  
 STRUCTURAL SUBMITTED



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR, 9<sup>th</sup> Edition

DATE OF APPLICATION  
 \_\_\_\_\_

THIS SECTION FOR OFFICIAL USE ONLY

Signature: \_\_\_\_\_ Date of Approval \_\_\_\_\_  
 Anna S. Marques, Building Commissioner

REQUIRED INSPECTIONS:

- ELECTRICAL ROUGH (Don Manseau 413-436-0051)  ELECTRICAL FINAL
- \*\* IF PROJECT IS A GROUND MOUNT SYSTEM – A FOOTING INSPECTION, PRIOR TO POURING CONCRETE IS REQUIRED
- OTHER \_\_\_\_\_
- FINAL BY BUILDING INSPECTOR (Anna S Marques 413-967-9648 x180)

NAME OF PROPERTY OWNER (PRINT) \_\_\_\_\_ ADDRESS OF PROPERTY WHERE WORK WILL BE DONE \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ EMAIL ADDRESS TO SEND PERMIT \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 SIGNATURE OF PROPERTY OWNER \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK (check all that apply)

ROOF MOUNT ELECTRICIAN: \_\_\_\_\_

GROUND MOUNT NUMBER OF PANELS PROPOSED: \_\_\_\_\_

WILL THERE BE ANY STRUCTURAL WORK:  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

ESTIMATED DATE YOU WILL START PROJECT: \_\_\_\_\_ ESTIMATED END DATE: \_\_\_\_\_

COST – FEE AND SIGNATURE FROM TAX COLLECTOR

ITEM	Estimated Costs (Labor and Materials)	SIGNATURE FROM TAX COLLECTOR'S OFFICE, VERIFYING THAT <u>ALL</u> TAXES ARE PAID TO DATE	
		NAME	DATE
BUILDING	\$	It is the responsibility of the Applicant to obtain Tax Collector's signature FEE IS \$7 PER THOUSAND ESTIMATED COST <u>OR PORTION THEREOF</u> - \$40 MINIMUM FEE <u>TRIPLED</u> IF WORK STARTED WITHOUT <u>APPROVED</u> BUILDING PERMIT PLEASE PAY BY <u>CHECK</u> or <u>MONEY ORDER</u> TO: <u>TOWN OF WARE</u>	
ELECTRICAL	\$		
TOTAL PROJECT COST			

## CONSTRUCTION SERVICES

### Licensed Construction Supervisor (CSL)

\_\_\_\_\_  
Name of CSL- Holder  
IF HOMEOWNER IS DOING WORK THEMSELVES, WRITE OWNER ABOVE

\_\_\_\_\_  
STREET

\_\_\_\_\_  
TOWN STATE ZIP

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Telephone Cell Phone

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
CSL LICENSE #

\_\_\_\_\_  
EXPIRATION

\_\_\_\_\_  
TYPE OF CSL

\_\_\_\_\_  
HIC LICENSE #

\_\_\_\_\_  
EXPIRATION

SUBMIT COPY OF CSL LICENSE WITH APPLICATION  
SUBMIT COPY OF WORKER'S COMP/ LIABILITY INSURANCE

### IF CONTRACTOR IS APPLYING FOR BUILDING PERMIT - OWNER AUTHORIZATION

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.

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
Date

### OWNER OR AUTHORIZED AGENT DECLARATION

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Signature of Owner or Authorized Agent*

(Signed under the pains and penalties of perjury)

\_\_\_\_\_  
DATE

**PLEASE NOTE:** 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

## NOTICE - ROOF MOUNT

ALL ROOF MOUNT SOLAR PERMITS REQUIRE THE INSTALLER TO FILE A  
**FINAL AFFIDAVIT OF SOLAR INSTALLATION** WITH THE INSPECTIONAL SERVICES  
DEPARTMENT

### WORKER'S COMPENSATION AFFIDAVIT

PROOF OF WORKER'S COMPENSATION MUST BE SUBMITTED WITH EACH APPLICATION  
FAILURE TO PROVIDE WORKER'S COMP AFFIDAVIT WILL RESULT IN DENIAL OF THE ISSUANCE OF BUILDING PERMIT

### BUILDING PERMIT FEES

\$7.00 per \$1,000 of estimated cost or portion thereof (minimum fee: \$40.00)

Please pay by check or money order to: Town of Ware

### BUILDING DEPARTMENT OFFICE HOURS

Monday – Friday 8:00 am to 4:00 pm  
Anna S. Marques, Building Commissioner

# FOR GROUND MOUNT SYSTEMS

## PROVIDE A SKETCH OF NEW PROJECT

- INCLUDE HOUSE LOCATION AND ALL EXISTING SET-BACKS
- EXISTING STRUCTURES SHOULD BE SHOWN IN SOLID \_\_\_\_\_
- PROPOSED PROJECT SHOULD BE SHOWN AS DASHED - - - - -
- INCLUDE ALL DIMENSIONS AND SET-BACKS FROM ALL PROPERTY LINES

REAR PROPERTY LINE	
LEFT SIDE PROPERTY LINE	RIGHT SIDE PROPERTY LINE
FRONT PROPERTY LINE	
NUMBER AND NAME OF STREET:	

## NOTICE – GROUND MOUNT SOLAR

IF ANY WETLANDS, STREAMS, RIVERS, OR OTHER JURISDICTIONAL AREAS ARE LOCATED ON THE PARCEL, A CONSERVATION SITE INSPECTION REQUEST FORM IS REQUIRED WITH PERMIT APPLICATION UNLESS PRIOR PERMITTING FROM THE CONSERVATION COMMISSION HAS BEEN APPROVED.