

Accessory Buildings (sheds, carports, garages, etc.)

Zoning Requirements

F.5.a. Accessory Buildings

No ACCESSORY BUILDING shall be closer to any principal BUILDING or any LOT LINE than a distance equal to the height of such ACCESSORY BUILDING and in no event in a front YARD.

Front yard = 50 FT Setback

Corner lots and through lots have multiple frontages or “front yards.”

Height, Building – The vertical distance from the grade to the top of the highest roof beams of a flat roof, or to the mean level of the highest gable or slope of a hip roof. When a BUILDING faces on more than one (1) STREET, the height shall be measured from the average of the grades at the center of each STREET front.

Permit Requirements

A Building Permit is required for any accessory building over 200SF. The following documents are required with each application:

- A certified plot plan, showing that all setbacks have been met (see attached example)
- Construction plans
- MA State Worker’s Comp. Affidavit (blank form attached)

Building Code Requirements

Accessory Buildings over 200 SF must be designed to meet the current wind load of 129MPH and snow load of 40 pounds per square foot.

48” deep frost protected footings are not required for accessory buildings under 600 SF but these structures must still be properly supported and anchored to the ground. All light frame structures over 600SF will require 48” deep frost protected footings or foundation.

I CERTIFY THAT THIS
PLAN WAS CREATED BY
AN INSTRUMENT
SURVEY ON THE
GROUND AND THAT ALL
STRUCTURES ARE
LOCATED AS SHOWN
HEREON.



CHRISTOPHER C. CHARLTON, PLS



PLAN BOOK 419, PAGE 45

No. 48649

N/P

CADASTRAL

JOB# 20-0264

NORTH
STREET

N21°02'30"W 0.54'
L=47.12'
R=30.00'
S88°57'30"W 38.15'
L=57.81'
R=125.00'

EC -- EROSION CONTROL: 12" MINIMUM
FILTER SOCK OR COMPOST/STRAW
WATTLE STAKED IN PLACE. ORANGE
CONSTRUCTION FENCING TO PROTECT.
TO BE MAINTAINED UNTIL SOIL STABLE.

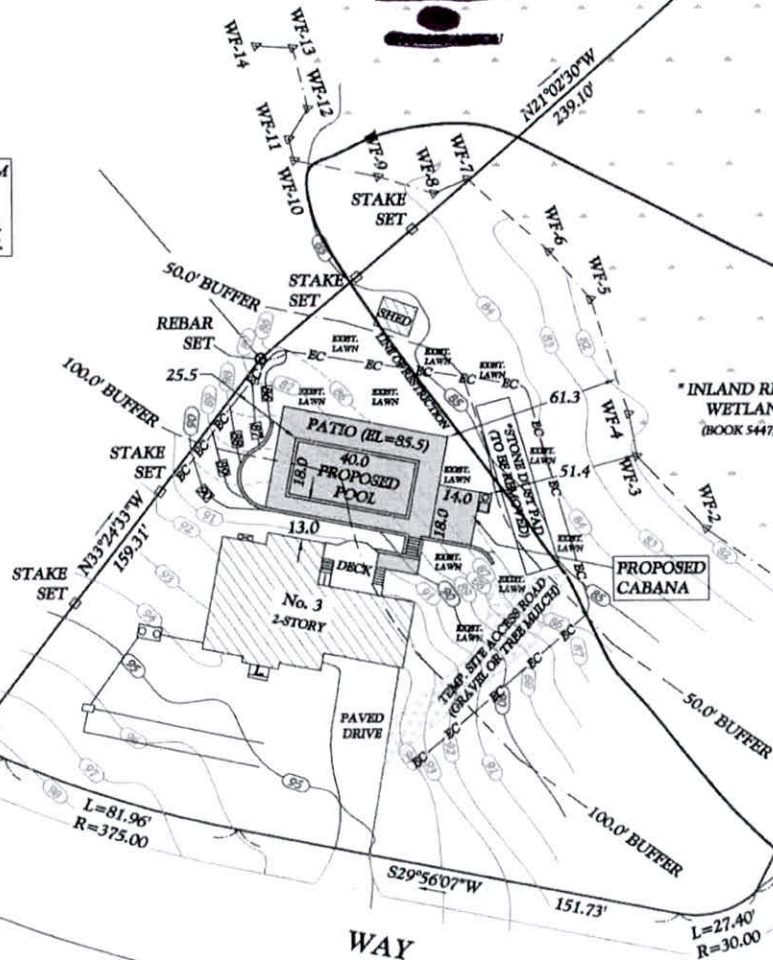
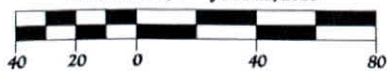
*STONE DUST PAD TO
BE REMOVED BY SKID
LOADER AND REPLACED
WITH CLEAN LOAM AND
GRASS FROM SEED

CERTIFIED PLOT PLAN
LOCATED AT

ASSESSORS PARCEL [REDACTED]
NORFOLK, MA
NORFOLK COUNTY

CONTINENTAL LAND SURVEY, LLC
105 BEAVER STREET, FRANKLIN, MA
(508) 528 - 2528

SCALE: 1"=40' JULY 22, 2020





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 #: _____