

Application to Construct, Repair, Renovate or Demolish Other Than a One or Two Family Dwelling

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

SECTION 1 - Site Information:

| | | |
|---|---|---|
| 1.1 Property Address: <input type="text"/> | 1.2 Assessors Map, Block, Number: <input type="text"/> | 1.3 Zoning District: <input type="text"/> |
| 1.4 Property Dimensions: Area: <input type="text"/> Frontage: <input type="text"/> Front: <input type="text"/> Rear: <input type="text"/> Right: <input type="text"/> Left: <input type="text"/> % Lot Coverage: <input type="text"/> | 1.5 Building Setbacks: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 1.6 Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private | 1.7 Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> On Site Disposal System | 1.8 Flood Zone: Flood Zone Map: <input type="text"/> |

SECTION 2 - Property Ownership/Authorized Agent:

| | |
|---|---|
| <p>2.1 Owner of Record:</p> <input type="text"/> Name (print) | <p>2.2 Authorized Agent:</p> <input type="text"/> Name (print) |
| <input type="text"/> Address Line 1 | <input type="text"/> Address Line 1 |
| <input type="text"/> Address Line 2 | <input type="text"/> Address Line 2 |
| <input type="text"/> City, State, ZIP | <input type="text"/> City, State, ZIP |
| <input type="text"/> Telephone <input type="text"/> Fax | <input type="text"/> Telephone <input type="text"/> Fax |
| <input type="text"/> Signature Date | <input type="text"/> Signature Date |

SECTION 3 - Construction Services For Projects Less Than 35,000 Cubic Feet of Enclosed Space:

| | |
|---|---|
| <p>3.1 Licensed Construction Supervisor:</p> <input type="text"/> License Number Expiration Date | <p>3.2 Contractor:</p> <input type="text"/> Company Name |
| <input type="text"/> Name (print) | <input type="text"/> Contact Name (print) |
| <input type="text"/> Address Line 1 | <input type="text"/> Address Line 1 |
| <input type="text"/> Address Line 2 | <input type="text"/> Address Line 2 |
| <input type="text"/> City, State, ZIP | <input type="text"/> City, State, ZIP |
| <input type="text"/> Telephone <input type="text"/> Fax | <input type="text"/> Telephone <input type="text"/> Fax |
| <input type="text"/> Signature Date | <input type="text"/> Signature Date |

SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(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 5 - Description of Proposed Work (check all applicable):

- New Construction Addition Other (specify) _____
- Existing Building Accessory Building Demolition
- Alteration(s) Repair(s)

Proposed Use:

Remarks:

SECTION 6 - Building Detail:

Fire Suppression Installed Stories: Width: Length: Height: Area: Volume: No. of Dwelling Units:

Fire Suppression Proposed _____ _____ _____ _____ _____ _____ _____

Building Description:

Existing Use Group: Proposed Use Group: Existing Hazard Index: Proposed Hazard Index: Construction Type:

_____ _____ _____ _____ _____

SECTION 7 - Estimated Construction Costs:

Building: Electrical: Plumbing: Mechanical: Fire Protect: Total Cost:

_____ _____ _____ _____ _____ _____

Permit Fee:

For Official Use Only: _____

SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:

I, _____, as Owner of the above subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit.

Signature:

Date:

SECTION 9 - Owner/Authorized Agent Declaration:

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Signature of Owner/Agent:

Date:

SECTION 10 - Approval Status: (For Official Use Only.)

Application Date:

Status Date:

Permit Number:

- Approved Denied
- Pending Abandoned
- In Part Voided

Remarks:

Print Inspector Name:

Signature of Inspector:

Date:

CONSTRUCTION CONTROL

PROJECT NUMBER: _____

PROJECT TITLE: _____

PROJECT LOCATION: _____

NAME OF BUILDING: _____

NATURE OF PROJECT: _____

IN ACCORDANCE WITH SECTION 116. OF THE MASSACHUSETTS STATE BUILDING CODE,
REGISTRATION NO.:

I, _____
BEING A REGISTERED PROFESSIONAL ENGINEER/ARCHITECT HEREBY CERTIFY THAT I HAVE PREPARED OR DIRECTLY SUPERVISED THE PREPARATION OF ALL DESIGN PLANS, COMPUTATIONS AND SPECIFICATIONS CONCERNING:

ENTIRE PROJECT: ARCHITECTURAL: STRUCTURAL: OTHER:
MECHANICAL: FIRE PROTECTION: ELECTRICAL: specify _____

FOR THE ABOVE NAMED PROJECT AND THAT, TO THE BEST OF MY KNOWLEDGE, SUCH PLANS, COMPUTATIONS AND SPECIFICATIONS MEET THE APPLICABLE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE, ALL ACCEPTABLE ENGINEERING PRACTICES AND ALL APPLICABLE LAWS AND APPLICABLE LAWS AND ORDINANCES FOR THE PROPOSED USE AND OCCUPANCY.

I FURTHER CERTIFY THAT I SHALL PERFORM THE NECESSARY PROFESSIONAL SERVICES AND BE PRESENT ON THE CONSTRUCTION SITE ON A REGULAR AND PERIODIC BASIS TO DETERMINE THAT THE WORK IS PROCEEDING IN ACCORDANCE WITH THE DOCUMENTS APPROVED FOR THE BUILDING PERMIT AND SHALL BE RESPONSIBLE FOR THE FOLLOWING AS SPECIFIED IN SECTION 116.2.2:

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for building permit and approval for conformance to the design concept.
2. Review and approval of the quality control procedures for all code-required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the accepted engineering practice standards, listed in Appendix B

PURSUANT TO SECTION 116.2.3, I SHALL SUBMIT PERIODICALLY, A PROGRESS REPORT TOGETHER WITH PERTINENT COMMENTS TO THE STATE BUILDING INSPECTOR.

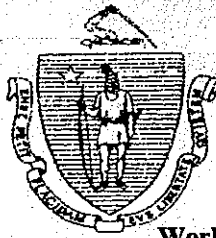
UPON COMPLETION OF THE WORK, I SHALL SUBMIT A FINAL REPORT AS TO THE SATISFACTORY COMPLETION AND READINESS OF THE PROJECT FOR OCCUPANCY.

SIGNATURE:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19 _____

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

I am a homeowner performing all work myself. Project Type: New Construction Remodel

I am a sole proprietor and have no one working in any capacity. Building Addition

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheet if necessary.

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

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

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits 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.

City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406