

**Please submit the following with your application(s):**

**Application for Addition / Garage / \*New Construction – Single Family House**

1. Plot plan with dwellings shown indicating setbacks
2. \*Proof of Ownership (Deed)
3. \*Driveway Bond
4. Two sets of Prints (Foundation, Floor plan, Elevations & Cross Section
5. Mass Check
6. Copy of Contractor's License / Home Improvement Registration
7. Copy of Contractor's Insurance
8. All Engineered Products (Wooden Eye-Joists, Trusses, LVL's, Micro-lams and Steel Beams) will have a stamp from an Architect or Engineer of Records

**Application for a Deck / Shed / Pool**

1. Plot plan with dwellings shown indicating setbacks and septic location
2. Two sets of prints with details of materials to be used
3. Copy of Contractor's License
4. Copy of Contractor's Insurance

**Application to Remodel or Renovate**

1. Copy of Contractor's License
2. Copy of Contractor's Insurance
3. Plan indicating work to be done



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition

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

FOR  
MUNICIPALIT  
Y USE  
*Revised January  
1, 2008*

**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 \_\_\_\_\_

**1.3 Zoning Information:**

\_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

**1.4 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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Address for Service:

\_\_\_\_\_

Signature

\_\_\_\_\_

Telephone

**5.1 Licensed Construction Supervisor (CSL)**

\_\_\_\_\_

Name of CSL- Holder

\_\_\_\_\_

CSL number

\_\_\_\_\_

Address

\_\_\_\_\_

Date of Expiration

\_\_\_\_\_

Signature

\_\_\_\_\_

Telephone

**5.2 Registered Home Improvement Contractor (HIC)**

\_\_\_\_\_

HIC Company Name or HIC Registrant Name

\_\_\_\_\_

Registration Number

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

Phone



**SECTION 6 : PROPERTY OWNER MUST SIGN AUTHORIZATION FOR OWNER'S AGENT OR CONTRACTOR BEFORE APPLY FOR A BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby  
( PROPERTY OWNER PRINT)  
authorize \_\_\_\_\_ to act on my behalf, in all matters relative to  
( CONTRACTOR)  
work authorized by this building permit application.

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

\_\_\_\_\_  
Date

An Owner who obtains a building owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program permit to do his/her own work, or an), 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

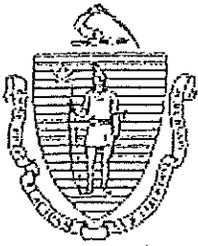
**SECTION 7 : AUTHORIZED AGENT OR CONTRACTOR**

I, \_\_\_\_\_, as Owner or Authorized  
( PARTY WHOM IS DOING THE WORK )

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



The Commonwealth of Massachusetts  
 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/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 (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_