



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

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

FOR
MUNICIPALITY
USE
*Revised January
1, 2008*

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____ Date _____
Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
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 OWNERSHIP¹

2.1 Owner¹ of Record:
Name (Print) _____ Address for Service: _____
Signature _____ Telephone _____

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 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 _____	
1. Building	\$ _____	2. Other Fees: \$ _____	
2. Electrical	\$ _____	List: _____	
3. Plumbing	\$ _____	Total All Fees: \$ _____	
4. Mechanical (HVAC)	\$ _____	Check No. _____ Check Amount: _____ Cash Amount: _____	
5. Mechanical (Fire Suppression)	\$ _____	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____	
6. Total Project Cost:	\$ _____		

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

Registration Number _____

Expiration Date _____

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.

Signature of Owner _____

Date _____

SECTION 7b: 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 _____

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
- When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____
- "Total Project Square Footage" may be substituted for "Total Project Cost"



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 attached 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 # _____

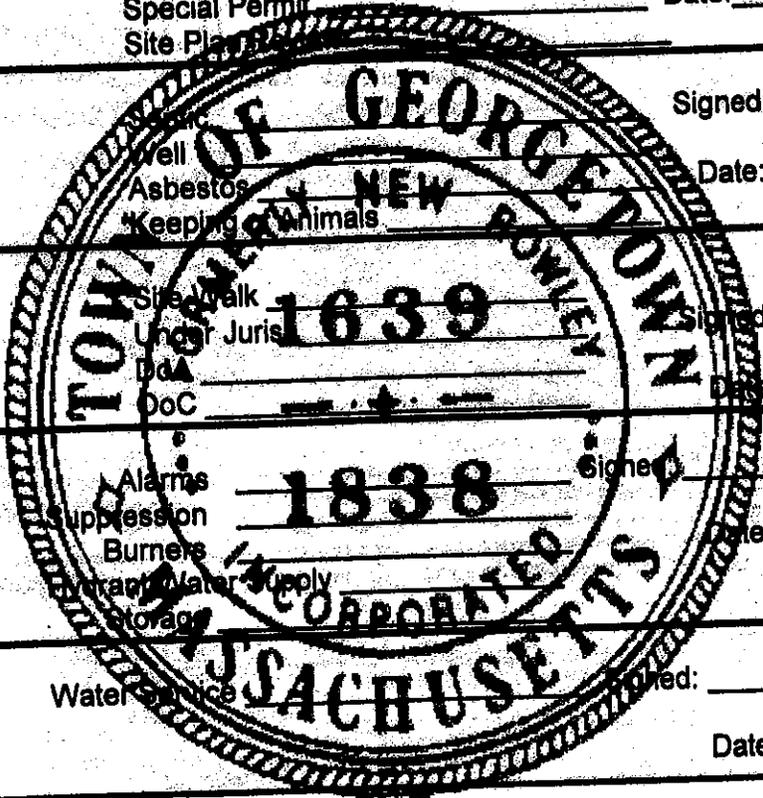
Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____

Required Approvals as Determined (Prior to Submission to Building Inspector)

BOARD OF ASSESSORS 978-352-5708	Location _____ MAP _____ LOT _____	Signed _____ Date _____
TAX COLLECTOR 978-352-5770	Signed _____	Date _____
PLANNING BOARD 978-352-57013	Lot Release _____ Approval Not Required Plan _____ Special Permit _____ Site Plan Review _____	Signed: _____ Date: _____
BOARD OF HEALTH 978-352-5720	Well _____ Asbestos _____ Keeping of Animals _____	Signed: _____ Date: _____
CONSERVATION COMMISSION 978-352-5712	Streetwalk _____ Under Juris _____ D&A _____ DoC _____	Signed: _____ Date: _____
FIRE DEPARTMENT 978-352-5757	Alarms _____ Suppression _____ Burners _____ Overhaul Water Supply _____ Storage _____	Signed _____ Date: _____
WATER DEPT 978-352-5750 1 Moulton St	Water Service _____	Signed _____ Date: _____
HIGHWAY DEPARTMENT 978-352-5704 203 East Main St	Driveway Approval _____ Curb Cut _____	Signed: _____ Date: _____
ELECTRIC LIGHT DEPT 978-352-5730 94 Searle St	_____	Signed: _____ Date: _____
SPECIAL APPROVALS ZONING BOARD OF APPEALS 978-352-5742	Special Permit _____ Variance _____ Site Plan Review _____	Decision #: _____ Signed _____ Date _____



Upon completion, application must be submitted with plans, fees and any other necessary information to the Building Inspector for his review. This process may take up to 30 days. (Massachusetts State Building Code, Sec. 114.0 and 114.1, Permits and Action on Applications.)

CONTRACTORS

THE FOLLOWING ARE REQUIRED TO APPLY FOR A BUILDING PERMIT:

1. CERTIFICATE OF LIABILITY;
2. CERTIFICATE OF WORKMENS COMPENSATION;
3. COPIES OF LICENSES; and
4. COPY OF THE WORK CONTRACT, SIGNED BY THE CUSTOMER.

TOWN HALL FAX NUMBER: 978-352-5725

**THANK YOU,
GEORGETOWN BUILDING DEPARTMENT**