



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

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

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____

Signature _____

Date _____

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 OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____

City, State, ZIP _____

No. and Street _____

Telephone _____

Email Address _____

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

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor 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 _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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 #: _____

REQUIRED APPROVALS AS DETERMINED
SIGNATURES MUST BE OBTAINED IN ORDER 1-10
(PRIOR TO SUBMISSION TO GEORGETOWN BUILDING INSPECTOR)

1. BOARD OF ASSESSORS LOCATION _____ SIGNED _____
978-352-5708 MAP _____ LOT _____ DATE _____
MASTER LOT (IF APPLICABLE) _____

2. TAX COLLECTOR
978-352-5770 SIGNED _____ DATE _____

3. PLANNING BOARD LOT RELEASE _____ SIGNED _____
978-352-5713 APPROVAL NOT REQUIRED PLAN _____
SPECIAL PERMIT _____ DATE _____
SITE PLAN REVIEW _____

4. BOARD OF HEALTH SIGNED _____ DATE _____
978-352-5720 COMMENTS: _____

5. CONSERVATION SIGNED _____ DATE _____
978-352-5712 COMMENTS _____

6. FIRE DEPARTMENT ALARMS _____ SIGNED _____
978-352-5757 SUPPRESSION _____
BURNERS _____ DATE _____
WATER SUPPLY _____
STORAGE _____

7. WATER DEPT WATER SERVICE _____ SIGNED _____
978-352-5750 DATE _____
1 Moulton St

8. HIGHWAY DEPT DRIVEWAY APPROVAL _____ SIGNED _____
978-352-5704 CURB CUT _____ DATE _____
203 E Main

9. ELECTRIC DEPT SIGNED _____ DATE _____
978-352-5730
94 Searle St

10. ZONING BOARD SIGNED _____ DATE _____
978-352-5742 SPECIAL PERMIT _____ DECISION # _____
VARIANCE _____ SITE PLAN REVIEW _____

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. 105.3.1, PERMITS AND ACTION ON APPLICATIONS)

GEORGETOWN BUILDING INSPECTION DEPARTMENT

1 Library Street, Georgetown, Massachusetts 01833
tel. (978) 352-5736 fax. (978) 352-5725

SOLID WASTE DISPOSAL AFFIDAVIT

In accordance with the provisions of MGL c 40§54, a condition of this building permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL C 111, §150A. The debris will be disposed of in:

Name and Locations of facility/ Dumpster Company

Signature of Applicant

Date

*****On-site dumpsters require a permit issued by the Georgetown Board of Health***



Estimated Cost of Construction Document

Section I

For the property located at:

_____, Georgetown, MA 01833

_____, being the person referred to as the
Owner or Authorized Representative identified below, do solemnly swear that the statements
herein are strictly true and correct and made in good faith.

Signature of Owner or Authorized Representative

Date

Section II

To be completed with Building Permit Application:

Estimated Total Construction Cost \$ _____

Date: _____

Section III

*To be completed once construction is complete and give to the Building Inspector at Final Inspection prior to
receiving Certificate of Occupancy or a Certificate of completion*

Final Total Construction Cost \$ _____

Signature of Owner or Authorized Representative

Date

The Building Inspector may determine that an additional fee may be required prior to receiving Occupancy permit

CONTRACTORS / HOMEOWNERS

THE FOLLOWING ARE REQUIRED TO APPLY FOR A BUILDING PERMIT:

- 1. Certificate of Liability from your insurance company, listing the Town of Georgetown as the Certificate Holder (contractors only)**
- 2. Workman's Comp. Affidavit (with each permit)**
- 3. Copies of your professional licenses – Home Improvement Contractor (H.I.C.) and Construction Supervisor License (C.S.L) (contractors only)**
- 4. A copy of the work contract, detailing the payment schedule (deposit not to exceed 1/3 of the total estimate) signed by the H.I.C. holder and the property owner**
- 5. Solid waste affidavit. A dumpster permit is required by the Board of Health for ALL dumpsters**
- 6. The Estimated Cost of Construction Document**
- 7. Department sign off sheet. Signatures must be obtained in order 1 -10. Please contact the office to determine which signatures are necessary for your permit**