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  

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)  
<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
</tbody>
</table>

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  

2.1 Owner1 of Record:  
Name (Print) ____________________ City, State, ZIP ____________________  
No. and Street ____________________ Telephone ____________________ Email Address ____________________  

SECTION 3: DESCRIPTION OF PROPOSED WORK (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  

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
</tr>
<tr>
<td>6. Total Project Cost</td>
<td>$</td>
</tr>
</tbody>
</table>

Official Use Only  

1. Building Permit Fee: $ ________ Indicate how fee is determined:  
□ Standard City/Town Application Fee  
□ Total Project Cost (Item 6) x multiplier ________ x ________  
2. Other Fees: $ ________ List:  

Total All Fees: $ ________ Check No. ________ Check Amount: ________ Cash Amount: ________  
□ Paid in Full  □ Outstanding Balance Due:  

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SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

<table>
<thead>
<tr>
<th>Name of CSL Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and Street</td>
</tr>
<tr>
<td>City/Town, State, ZIP</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Email address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

List CSL Type (see below)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

5.2 Registered Home Improvement Contractor (HIC)

<table>
<thead>
<tr>
<th>HIC Company Name or HIC Registrant Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and Street</td>
</tr>
<tr>
<td>City/Town, State, ZIP</td>
</tr>
<tr>
<td>Telephone</td>
</tr>
<tr>
<td>Email address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

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: OWNER 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:

<table>
<thead>
<tr>
<th>Total floor area (sq. ft.)</th>
<th>(including garage, finished basement/attics, decks or porch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross living area (sq. ft.)</td>
<td>Habitable room count</td>
</tr>
<tr>
<td>Number of fireplaces</td>
<td>Number of bedrooms</td>
</tr>
<tr>
<td>Number of bathrooms</td>
<td>Number of half/baths</td>
</tr>
<tr>
<td>Type of heating system</td>
<td>Number of decks/porches</td>
</tr>
<tr>
<td>Type of cooling system</td>
<td>Enclosed Open</td>
</tr>
</tbody>
</table>

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

Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

Are you an employer? Check the appropriate box:

1. ☐ I am a 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__________

*IAny 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):
6. Other__________

Contact Person: Phone #:
Solid Waste Disposal Affidavit

In accordance of the provisions of MGL c 40, S54, I acknowledge that as a condition of the building permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

Address of the work: ____________________________________________________________

The debris will be transported by: ________________________________________________

The debris will be received by: _________________________________________________

Building permit number: ________________________________________________________

Name of permit applicant: ______________________________________________________

__________________________________________  ______________________________________
Date                                               Signature of Permit Applicant