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>
<tr>
<td>Provided</td>
<td>Required</td>
<td>Provided</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? yes □ no □ Check if yes □

1.8 Sewage Disposal System:

Municipal □ On site disposal system □

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner 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 Work: __________________________________________

Debris Disposal: __________________________________________

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: _______
### SECTION 5: CONSTRUCTION SERVICES

**5.1 Construction Supervisor License (CSL)**

<table>
<thead>
<tr>
<th>Name of CSL Holder</th>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>List CSL Type (see below)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td></td>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td></td>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td></td>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td></td>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Town, State, ZIP</th>
<th>Telephone</th>
<th>Email address</th>
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<tbody>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>HIC Company Name or HIC Registrant Name</th>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
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### 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.

<table>
<thead>
<tr>
<th>Print Owner's Name (Electronic Signature)</th>
<th>Date</th>
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<tbody>
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### SECTION 7b: OWNER'S 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.

<table>
<thead>
<tr>
<th>Print Owner’s or Authorized Agent’s Name (Electronic Signature)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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### 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](http://www.mass.gov/oca). Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps).

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

   - Total floor area (sq. ft.)
   - Gross living area (sq. ft.)
   - Number of fireplaces
   - Number of bathrooms
   - Type of heating system
   - Type of cooling system
   - Habitable room count
   - Number of bedrooms
   - Number of half/baths
   - Number of decks/porches
   - Enclosed/ Open

3. "Total Project Square Footage" may be substituted for "Total Project Cost"
110 MPH DESIGN CRITERIA (CHECK ONE)

- COMPLIANCE BY AWC CHECKLIST FOR MA.
- CERTIFICATION BY ARCHITECT ENGINEER

STRETCH CODE (CHECK ONE)

- COMPLIANCE BY PRESCRIPTIVE METHOD – ADDITIONS
- COMPLIANCE BY HERS RATER – NEW DWELLINGS

For Official Use Only

Board of Health: ___________________________  Water Department: ___________________________
Date: ________________  Date: ________________

Fire Department: ___________________________  Sewer Comm: ___________________________
Date: ________________  Date: ________________

Conservation Comm. ___________________________  Other ___________________________
Date: ________________  Date: ________________
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 subcontractors 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):

6. Other ________

Contact Person: Phone #: