



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  
MUNICIPALITY  
USE  
*Revised January  
1, 2008*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings 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 OWNERSHIP<sup>1</sup>**

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

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only   |
|----------------------------------|---|---|
| 1. Building                      | \$ _____                                  | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> Standard City/Town Application Fee<br><input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____<br>2. Other Fees: \$ _____<br>List: _____<br>_____<br>Total All Fees: \$ _____<br>Check No. _____ Check Amount: _____ Cash Amount: _____<br><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**

| <p><b>5.1 Licensed Construction Supervisor (CSL)</b></p> <p>_____<br/>Name of CSL- Holder</p> <p>_____<br/>Address</p> <p>_____<br/>Signature</p> <p>_____<br/>Telephone</p> | <p>_____<br/>License Number      _____<br/>Expiration Date</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (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 Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table> | 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 |
|--|---|------|-------------|---|-------------------------------------|---|--------------------------------|---|--------------|----|------------------------------|----|-------------------------------|----|---|---|------------------------|
| 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  |      |             |   |                                     |   |                                |   |              |    |                              |    |                               |    |   |   |                        |

|  |   |
|--|---|
| <p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____<br/>HIC Company Name or HIC Registrant Name</p> <p>_____<br/>Address</p> <p>_____<br/>Signature      _____<br/>Telephone</p> | <p>_____<br/>Registration Number</p> <p>_____<br/>Expiration Date</p> |
|--|---|

**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<sup>1</sup> 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:**

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. 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 _____                                    |
3. "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 #: \_\_\_\_\_

|  |   |
|--|---|
| <p><b>Are you an employer? Check the appropriate box:</b></p> <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. ‡<br/>       These sub-contractors 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> | <p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p> |
|--|---|

\*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 their workers' comp. policy information.

**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 #: \_\_\_\_\_

|  |                        |
|--|------------------------|
| <i>Official use only. Do not write in this area, to be completed by city or town official.</i>             |                        |
| City or Town: _____  | Permit/License # _____ |
| <b>Issuing Authority (circle one):</b>   |                        |
| 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector |                        |
| 6. Other _____   |                        |
| Contact Person: _____  | Phone #: _____         |

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)