



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

FOR  
MUNICIPALITY  
USE

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

<b>1.1 Property Address:</b> _____		<b>1.2 Assessors Map &amp; Parcel Numbers</b> Map Number _____ Parcel Number _____		<b>1.5 Assessor's Approval</b> _____	
1.1a Is this an accepted street? Yes _____ No _____		<b>1.4 Property Dimensions:</b> Lot Area (sq. ft.) _____ Frontage (ft) _____		Assessor's Signature _____	
<b>1.3 Zoning Information</b> Zoning District _____ Proposed Use _____					
<b>1.6 Building Setbacks (ft)</b>					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
<b>1.7 Water Supply:</b> (M.G.L. c. 40, § 54) Public _____ Private _____		<b>1.8 Flood Zone Information</b> Zone: _____ Outside Flood Zone? _____ Check if yes _____		<b>1.9 Sewage Disposal System</b> Municipal _____ On site disposal system _____	

SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

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

Name (Print) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction	Existing Building	Owner-Occupied	Repairs	Alterations	Addition
Demolition	Accessory Building	Number of Units _____	Other Specify: _____		

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 4: ESTIMATED CONSTRUCTION COSTS (omit cent)

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

Worker's 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.

\_\_\_\_\_  
Owner's 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.

\_\_\_\_\_  
Owner's or Authorized Agent's 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/oga](http://www.mass.gov/oga)  
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.) _____	(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 _____

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

Worker's Compensation Insurance Affidavit: Builders/ Contractors/ Electricians/ Plumbers

APPLICANT INFORMATION

Name (Business/Organization/Individual) \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**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 of the work myself. [No workers' comp. insurance required]†
4.  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. ‡
5.  We are corporation and its officers have exercised their right of exemption per M.G.L. c. 152 § 1 (4), and we have no employees. [No workers' comp. insurance required.]

**Type of Project (Required)  
Check the appropriate box:**

- New Construction
- Remodeling
- Demolition
- Building Addition
- Electrical Repairs or Additions
- Plumbing Repairs or Additions
- Roof Repairs
- Other ( please specify): \_\_\_\_\_

\* Any applicant that checks box #1 must also fill out the section below showing his/ her worker's comp. 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 those entities have employees. If the sub-contractors have employees, they must provide their worker's comp. policy number.

**If you are an employer that is providing workers' compensation insurance for my employees please enter job site and policy information below.**

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 M.G.L. 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 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 is true and accurate to the best of my knowledge and understanding.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Official use only, do not write in this area, to be completed by City/Town Official**

City or Town: \_\_\_\_\_

Permit/License # \_\_\_\_\_

Issuing Authority:

- Board of Health     Building Department     Town Clerk     Electrical Inspector  
 Plumbing & Gas Inspector     Other: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION 8: JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	By:
Building			
Planning			
Electrical			
Conservation Comm.			
Tax Collector			
Board of Health			
Fire Department			
Water/D.P.W.			
Zoning Board			
Historical District			

**SECTION 9: SITE OR PLOT PLAN (ROUGH SKETCH)**

A large grid for drawing a rough sketch of a site or plot plan. The grid consists of 20 columns and 30 rows of small squares, providing a space for a hand-drawn site plan or plot plan.