PROCEDURE FOR OBTAINING A BUILDING PERMIT FOR WINDOWS, DOORS, ROOFS, RENOVATIONS, ROOF MOUNTED SOLAR, ETC.

1. **Building Permit Application** signed by legal owner and filled out by owner or authorized agent.
2. **One set of plans** and specification of proposed work (digital and hard copy).
3. **Construction Debris Affidavit** filled out and signed by applicant.
4. **Worker’s Compensation Insurance Affidavit** filled out and signed by applicant.
5. **Contractors** must supply a copy CSL, HIC, and proof of Liability Insurance.
7. **Homeowner’s License Exemption Form** (if applicable).
8. **Note any Special Permit requirements** (if applicable).
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  

<table>
<thead>
<tr>
<th>Building Permit Number: _________________</th>
<th>Date Applied: __________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building Official (Print Name)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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>Required</th>
<th>Provided</th>
<th>Side Yards</th>
<th>Required</th>
<th>Provided</th>
<th>Rear Yard</th>
<th>Required</th>
<th>Provided</th>
</tr>
</thead>
</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 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 Work³: ____________________________________________________________  

SECTION 4: ESTIMATED CONSTRUCTION COSTS  

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $______ Indicate how fee is determined: ☐ Standard ☐ City/Town Application Fee</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>☐ Total Project Cost³ (Item 6) x multiplier ______ x ______</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>2. Other Fees: $______</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>List: ____________________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>Total All Fees: $______</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Check No. _____ Check Amount: ______</td>
</tr>
</tbody>
</table>

| ☐ 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>No. and Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/Town, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</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>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/Town, State, ZIP</td>
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<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Email address</td>
<td></td>
<td></td>
</tr>
</tbody>
</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: 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](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.) ______________________ (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”
Applicant Information

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.¹
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.
¹Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
²Contractors 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):

Contact Person: ___________________________ Phone #: ___________________________
CONSTRUCTION DEBRIS AFFIDAVIT
(FOR ALL DEMOLITION AND RENOVATION PROJECTS)

In accordance of the provisions of MGL c 40, S54, a condition of Building Permit Number ____________ is that all debris resulting from this work shall be disposed of in a properly licensed waste disposal facility, as defined by MGL c 111, S 150A.

The debris will be disposed of in:

Location of Facility: ______________________________________

The debris will be transported by:

Name of Hauler: ______________________________________

Signature of Applicant: ____________________________ Date: __________
HOMEOWNERS’ EXEMPTION ELIGIBILITY AFFIDAVIT

I, ____________________________________________ (insert full legal name), born ___ (insert month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners’ exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.

2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners’ exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.

3. I qualify under the State Building Code’s definition of “homeowner” as defined at 780 CMR 110.R5.1.2:

   Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code’s requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.

5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this _____ day of ______________, 20__.

_________________________________  
(Signature)