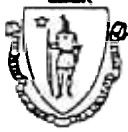


Residential Application



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



Town of Wareham
Building Department
54 Marion Road
Wareham, MA 02571
508-291-3100 ext. 3190 • Fax 291-3116

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number:

Date Issued:

Signature:

Building Commissioner/Inspector of Buildings

Date

SECTION 1 - SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Number:

Map Number

Parcel Number

1.3 Zoning Information

1.4 Property Dimensions:

Lot Coverage %:

Zoning District

Proposed Use

Lot Area (sf)

Frontage (ft)

1.6 Building Setbacks (ft)

Front

Side

Rear

Distance from wetland

Required

Provided

_____ FT

1.7 Water Supply (M.G.L. c. 40. § 54)

Public

Private

1.5 Flood Zone

Zone: _____

Map _____

Outside Flood Zone

1.8 Sewage Disposal System:

Municipal

On site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print)

Address:

Signature

Telephone

2.2 Authorized Agent:

Name (Print)

Address:

Signature

Telephone

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Not Applicable

Licensed Construction Supervisor:

License Number

Address

Expiration Date

Signature

Telephone

3.2 Registered Home Improvement Contractor:

Not Applicable

Company Name

License Number

Address

Expiration Date

Signature

Telephone

SECTION 4 - 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 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair (s) <input type="checkbox"/>	Alteration (s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work:

Structure - Overall Dimension: Length _____ Width _____ Height _____

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

		No. Floors	No. Bedrooms	No. Baths
Item	Estimated Value to be completed by permit applicant	Official Use Only		
1. Building				
2. Electrical				
3. Plumbing				
4. Mechanical (HVAC)				
5. Fire Protection				
6. Total = (1+2+3+4+5)		Check Number		

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 / AUTHORIZED AGENT DECLARATION

I, _____, as Owner / Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner / Agent _____ Date _____

SECTION 8 - MUNICIPAL DEPARTMENT SIGNATURES OR CHECK OFF

Conservation _____ Other _____
 Board of Health _____ Taxes _____
 Fire Dept. _____ Board of Appeals _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111

Workers' Compensation insurance Affidavit

Applicant Information Please PRINT Legibly

name: _____

location: _____

city: _____ phone #: _____

- I am a homeowner performing all work myself.
- I am a sole proprietor and have no one working in any capacity
- I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

- I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Attached additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print Name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____

check if immediate response is required _____

contact person: _____ phone #: _____

Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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 building in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.** Additionally, 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.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers as all affidavits 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.

City or Towns

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 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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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.

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
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406, 409 or 375