

SECTION 5 – CONSTRUCTION SERVICES

Construction Supervisor / H.I. Contractor _____
 Phone: _____ Print Name & Company Name _____ Cell: _____
 Address: _____
 Signature: _____ Date: _____
 Construction Supervisor's License #: _____ Expiration Date: _____
 H.I.C. Registration # _____ Expiration Date: _____
 Architect: _____ Phone: _____
 Address: _____

Check CSL Type:
 U-Unrestricted (up to 35,000 Cu. Ft.)
 R-Restricted 1 & 2 family dwelling
 M-Masonry Only
 RC-Residential Roof Covering
 WS-Residential Window & Siding
 SF-Res. Solid Fuel Burning Appl. Inst.
 D-Residential Demolition
 IC-Insulation

SECTION 6 – OWNER AUTHORIZATION

I, _____ as Owner of the aforementioned property hereby authorize
 (Print Name of Owner)
 _____ to act on my behalf during the work authorized pursuant to this application
 (Print Name of Agent)
 Owners pulling their own permit or dealing with unregistered contractors do not have access to the Arbitration Program or Guaranty Fund (as set forth in MGL c. 142A)
 Signature of Owner: _____ Date: _____

SECTION 7 – OWNER / AUTHORIZED AGENT DECLARATION

I, _____, as Owner / Authorized Agent hereby declare that the information contained in this application is a true and accurate description of the proposed work and costs associated therewith. I agree that the proposed work shall be completed subject to the provisions of the of the Massachusetts State Building Code and other applicable laws and ordinances.
 Signature of Owner / Agent: _____ Date: _____

SECTION 8 – DEMOLITION REQUIREMENTS

DIG SAFE #: _____

(Letters required from utilities)

1-888-DIG-SAFE

Gas Co. Electric Co. Water Supplier Sewer (D.P.W.) Telephone Co.
 Dept. of Labor & Industries Board of Health Fire Department Planning Board
 (Asbestos/Lead) 413-781-2676

SECTION 9 – DEBRIS DISPOSAL

In accordance with the provisions of MGL, C.0, S.4, a condition of this Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL C111, S151A.
 NAME & LOCATION OF FACILITY: _____
 SIGNATURE OF PERMIT APPLICANT: _____ DATE: _____

SECTION 10 – 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.....