CITY OF AMESBURY

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

Building Permit Number: _____ Date Applied: _____

_____ _____ _____
Building Official (Print Name) Signature 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) required for additions, sheds, decks, pools, hot tubs, etc. EXTERIOR. You must list.

Front Yard – linear foot	Side Yards – linear foot	Rear Yard – linear foot
Provided	Provided	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[1]

2.1 Owner[1] of Record:

_____ _____
Name (Print) City, State, ZIP

_____ _____ _____
No. and Street Telephone Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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[2]: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	$	1. Building Permit Fee: $_____ Indicate how fee is determined:
2. Electrical	$	☐ Standard City/Town Application Fee
3. Plumbing	$	☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
4. Mechanical (HVAC)	$	2. Other Fees: $_____
5. Mechanical (Fire Suppression)	$	List: _____
6. Total Project Cost:	$	Total All Fees: $_____
		Check No. _____ Check Amount: _____ Cash Amount: _____
		☐ Paid in Full ☐ Outstanding Balance Due: _____

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))

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 - OWNER TO SIGN

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: OWNER[1] OR AUTHORIZED AGENT DECLARATION – CONTRACTOR TO SIGN

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 **(MUST RESIDE AT THE PROPERTY)**, 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 Information on the Construction Supervisor License can be found at www.mass.gov/dps
2. NEW CONSTRUCTION, ADDITIONS: MUST LIST SQUARE FOOTAGE

Total heated (sq. ft.) _____(main living area)
Total unheated (sq. ft.) _____(attic, basement, garage, covered porch, 3 season room, etc.)
Deck (sq. ft.) _____
Shed (sq. ft.) _____

# of bedrooms: _____ # of bathrooms: _____ # of ½ bathrooms: _____

- **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- **For new construction, 2 sets of drawings must be submitted.**
- **A SIGNED CONTRACT, in addition to a homeowner signature, must be included with this application.**
- **Homeowners who are performing their own work must reside at the property.**
- **You are notified via email when your permit is ready for pickup, and the cost of the permit. EMAIL ADDRESS information must be filled in.**
- **PAYMENT IS TO BE MADE BY CHECK ONLY TO: CITY OF AMESBURY**
- **A COPY OF YOUR LIABILITY INSURANCE COVERAGE AND WORKER'S COMP. COVERAGE MUST ACCOMPANY ALL PERMIT APPLICATIONS EVERY TIME A PERMIT IS APPLIED FOR. THEY ARE NOT KEPT "ON FILE".**

Please be aware that we have 30 days to approve permits. Most permits are approved within 3-4 business days, but we ask that you plan your work accordingly.

BUILDING – min. $50.

- Residential / Commercial Remodeling, moving a structure, roof, siding, windows $ 10. per $1K
- New Construction – Residential: $10. per $1K based on $110.00 per sq. ft. heated and $70. per sq. ft. unheated
- Sheds (Accessory Structure) up to 192 sq. ft. $50.
- Sheds (Accessory Structure) more than 192 sq. ft. based on $70. per sq. ft. unheated
- Decks $ .45 per sq. ft.
- New Construction – Commercial / Industrial $10. per $1K
- Cert. of Inspection $ 75./building and $5./unit
- Building Permit Replacement $ 25.
- Temporary Structure $ 50.
- Demolition - Residential $ 50.
- Demolition - Other $ 80.
- Foundation $ 50.
- Occupancy Cert. - Residential $ 40.
- Occupancy Cert. - Other $ 50.
- Photovoltaic Solar Panels – Residential $ 50.
- Photovoltaic Solar Panels – Other $ 10. per $1k
- Sheet Metal $ 75. per unit
- Signs $ 50.
- Solid Fuel Stoves & Fireplaces $ 50.
- Swimming Pool – above, private $100.
- Swimming Pool – below, private $150.
- Swimming Pool – public & semi-public below$150.

Work Requiring a Home Improvement Contractor (HIC) Registration or Construction Supervisor License (CSL)

for Existing Owner Occupied 1- to 4-Family Dwellings

Type of Work (for jobs over $500 each or over $5000/yr total)	Do I need to be registered or licensed?	Which one?		Do I need a Bldg. Permit?	Comments
		HIC Reg.	CSL		
Air Conditioning, central.	see comments			yes	By licensed trades only.
Awnings	no				Non structural only.
Carpentry, structural	yes	√	√	yes	Must pay HIC guaranty fund.
Carpentry, trim	yes	√			
Decks	yes	√	√	yes	Must pay HIC guaranty fund.
Demolition	yes	√	√	yes	Demo CSL min. + HIC guaranty fund.
Door Replacement	yes	√		maybe	BP req'd if exit door or public safety concern.
Door Installation	yes	√	√	yes	Must pay HIC guaranty fund.
Driveways	no				
Energy Conservation Devices	no				Caulking, thermostats, light bulbs.
Fencing	no			maybe	BP not req'd if less than six feet high.
Flooring, finish, carpet, tile	no			maybe	Fire requirements in 3- and 4-family.
Flooring, structural	yes	√	√	yes	Must pay HIC guaranty fund.
Gutters	yes	√			
Heating System, central.	see comments			yes	By licensed trades only.
Insulation	yes	√		yes	
Kitchen Cabinets and Shelving	yes	√	maybe	maybe	if public safety concern or not ordinary repair.
Landscaping, routine	no				
Locks	yes	√			
Masonry Walls, not retaining	no				If no threat to public safety.
Masonry, related to building.	yes	√	√	yes	Masonry CSL min.+HIC guaranty fund
Masonry, landscaping	no				If no threat to public safety.
Painting, exterior	yes	√			
Painting, interior	no				
Patios	no				
Plastering	yes	√	√	yes	Must pay HIC guaranty fund.
Plumbing	see comments			yes	By licensed trades only.
Roofing , minor repairs	yes	√		maybe	Dependent on repair size.
Roofing, new or replacement	yes	√	√	yes	Roofing CSL + HIC guaranty fund.
Septic System Repairs/Installation	see comments			yes	Requires Dept. Environmntl Protectn. License
Shed construction	yes	√			Floor area less than 120 square feet.
Sheetrock/wallboard	yes	√	√	yes	Must pay HIC guaranty fund.
Shutters	no				
Siding	yes	√	√	yes	Window/Siding CSL + HIC guaranty fund.
Solar Panels	yes	√		yes	Licensed plumber and electrician req'd
Solid Fuel Burning Appliance	yes	√	√	yes	Appliance CSL+ HIC guaranty fund.
Stairs, exterior	yes	√	√	yes	Must pay HIC guaranty fund.
Swimming Pools, above ground.	no			yes	ANSI/NSPI-4 Design/Construction Required
Swimming Pools, below ground.	yes	√		yes	ANSI/NSPI-5 Design/Construction Required
Tile	no				
Walls, exterior retaining.	yes	√			Less than 4 feet high.
Window Install/Replace	yes	√	√	yes	Window/Siding CSL + HIC guaranty fund.
Wiring	see comments			yes	By licensed trades only.

Note: This list is incomplete. It is provided by the BBRS Staff for guidance only. **Revised 4/15/09**

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a 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.‡
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.
† 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 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):
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."

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.

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

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