

**Form  
1**

**1 And 2 Family Dwelling  
New Construction**

Permit #: \_\_\_\_\_  
Fee: \_\_\_\_\_

**Note: This application is for NEW single or two family homes and their accessory structures if built in conjunction with the dwelling.**

*Date:* \_\_\_\_\_ *Assessor's Map#:* \_\_\_\_\_ *Lot #:* \_\_\_\_\_ *Use Group: R-4* *Const.Type(other than 5b)* \_\_\_\_\_

*Zoning District* \_\_\_\_\_ *Flood zone: yes* \_\_\_ *no* \_\_\_

*Town* \_\_\_\_\_ *Site Address* \_\_\_\_\_

*Owner's Name:* \_\_\_\_\_ *Mailing Address:* \_\_\_\_\_

*Owner's telephone #: (H)( )* \_\_\_\_\_ *(W)( )* \_\_\_\_\_ *(Cell)( )* \_\_\_\_\_

*Estimated Cost:* \_\_\_\_\_ *Sq. Ft. Living Space:* \_\_\_\_\_ *Sq. Ft. Other Space :* \_\_\_\_\_

*Total # of Bedrooms:* \_\_\_\_\_ *Water Supply: well* \_\_\_ *town* \_\_\_ *Septic System: private* \_\_\_ *town* \_\_\_

*Explanation of work: (Please add any accessory structures, decks, porches, woodstoves, etc.)*

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR.

\_\_\_\_\_  
Print Name of Owner or Authorized Agent      Signature of Owner or Authorized Agent      Date

**NOTE: If contractor signs as authorized agent, he/she must provide a signed contract by the owner or a letter of authorization from the owner**

*Will a contractor be responsible for this project?*

- YES (Contractor must complete **Contractor Information** below and **Workman Compensation Affidavit**)  
 NO (Skip contractor affidavit and fill out **homeowner's exemption at bottom of page 2**)

<b>Contractor Information</b>			
Name (Please Print) _____	Contractor Address _____		
Cont. Tele# _____	Cell _____	Fax _____	E-Mail _____
CSL# _____	Expiration Date _____	Contractor Signature _____	Date _____

**HOMEOWNER'S LICENSE EXEMPTION**

**(This portion is to be completed by homeowner assuming responsibility for proposed project. Fill this section out only if there is not a contractor taking responsibility for the job. Note: The homeowner cannot take responsibility for a modular home unless he/she has a contractor supervisor license)**

**DEFINITION OF HOMEOWNER:** "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." (Section 108.3.5) The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR;** the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS.**

Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code. **NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE:** MGL c.142A is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORS**. This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions.

**NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c.142A.** Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

HOMEOWNER'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_

**Signatures of Local Compliance:**

*The following signatures must be obtained **BEFORE** submitting this application:*

Fire Chief: \_\_\_\_\_ Date \_\_\_\_\_  
*(Signature confirms receipt of appropriate building plans)*

Board of Health: \_\_\_\_\_ Date \_\_\_\_\_  
*(Approval of septic system and well)*

Conservation Commission: \_\_\_\_\_ Date \_\_\_\_\_  
*(Approval of site work regarding wetlands)*

Highway Department: \_\_\_\_\_ Date \_\_\_\_\_  
*(Approval of curb cut for driveway)*

Inspector of Buildings: \_\_\_\_\_ Date \_\_\_\_\_

**Site Plan:** Use this checklist to insure that your site plan will be accepted:

- \_\_\_ Prepared by a Massachusetts' certified surveyor or engineer (in the field of surveying)
- \_\_\_ Has a stamp from surveyor or engineer
- \_\_\_ There is a reference made to the original recorded survey noted on the plan
- \_\_\_ Plan shows all areas to be impacted, including new and existing buildings, wells, driveways, streams, ponds, etc.
- \_\_\_ Plan shows acreage, frontage, and setbacks to lot lines of proposed structures

Provide the following information: Frontage \_\_\_\_\_ Area \_\_\_\_\_  
 Building will be how near to: Front Lot Line \_\_\_\_\_ Left Property Line \_\_\_\_\_ Right Property Line \_\_\_\_\_  
 Rear Property Line \_\_\_\_\_

**Specifications:** Provide 2 sets of plans (in addition to the set submitted to fire chief), including foundation, floor, elevations, and cross-section. Fill out the following specifications appropriate to work being performed:

**Foundation:** Footing Size: \_\_\_ X \_\_\_ Depth Below Grade \_\_\_ Drainage Type \_\_\_\_\_

Foundation Type \_\_\_\_\_ Thickness \_\_\_\_\_ Height \_\_\_\_\_

Height of unbalanced fill (from grade to slab): \_\_\_\_\_ Foundation Coating \_\_\_\_\_

**Framing:** Lumber Grade and Specie (if other than #2 spruce/pine/fir) \_\_\_\_\_

1st floor carrying Beam Type \_\_\_\_\_ Size \_\_\_\_\_ Column type \_\_\_\_\_ Size \_\_\_\_\_ Column span \_\_\_\_\_

2nd floor carrying Beam Type \_\_\_\_\_ Size \_\_\_\_\_ Column type \_\_\_\_\_ Size \_\_\_\_\_ Column span \_\_\_\_\_

Headers: **Note: the 7<sup>th</sup> edition requires more than single jack studs in many instances. Show all header sizes and number of jacks on plans.**

Joist - First Floor \_\_\_ X \_\_\_ O/C \_\_\_ Span \_\_\_ Joist - Second Floor \_\_\_ X \_\_\_ O/C \_\_\_ Span \_\_\_

Joist – Ceiling \_\_\_ X \_\_\_ O/C \_\_\_ Span \_\_\_ Studding Bearing \_\_\_ X \_\_\_ O/C \_\_\_ Wall Height \_\_\_

Roof Rafters \_\_\_ X \_\_\_ O/C \_\_\_ Horizontal Span \_\_\_ Roof Pitch \_\_\_ in \_\_\_ Collar tie size \_\_\_

**IF TRUSSES ARE TO BE USED, YOU MUST SUBMIT TRUSS DESIGN, STAMPED BY A MASSACHUSETTS LICENSED ENGINEER, PRIOR TO FRAMING**

Sheathing: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Roof \_\_\_\_\_ Roofing \_\_\_\_\_ Attic/Roof Ventilation Type \_\_\_\_\_

Method of Attic and/or roof ventilation \_\_\_\_\_ % of glazing (rough openings compared to floor area) \_\_\_\_\_

**Fire Protection:**

Bedroom Escape Window: Clear opening height \_\_\_ (24min) Width \_\_\_ (20min) Window type: DH \_\_\_ Casement \_\_\_

Method of Fire Protection Between House and Garage: \_\_\_\_\_

Type of Heating System(s) \_\_\_\_\_ Fuel \_\_\_\_\_

**Attach Heat-loss calculations and furnace size**

**Energy Requirements:** \_\_\_ Prescriptive: Fill out table below \_\_\_ Rescheck: Attach report \_\_\_ Performance

	Fenestration U-factor	Skylight U-factor	Ceiling R-value	Wall R-value	Floor R-value	Basement wall R-value	Slab R-value	Crawl space R-value
Required	.35 max	.60 max	38 min	19 min	30 min	10 cont or 13	10 min	10 cont or 13
Your project								

**Garage or other Accessory Structure(s)** Describe \_\_\_\_\_

**Foundation:** Footing Size: \_\_\_\_\_ X \_\_\_\_\_ Depth Below Grade \_\_\_\_\_ Drainage Type \_\_\_\_\_

Foundation Type \_\_\_\_\_ Thickness \_\_\_\_\_ Height \_\_\_\_\_

Height of unbalanced fill (from grade to slab): \_\_\_\_\_ Foundation Coating \_\_\_\_\_

**Framing:** Lumber Grade and Specie (if other than #2 spruce/pine/fir) \_\_\_\_\_

Carrying Beam Type \_\_\_\_\_ Size \_\_\_\_\_ Column type \_\_\_\_\_ Size \_\_\_\_\_ Column span \_\_\_\_\_

Joist - First Floor \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_ Joist - Second Floor \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_

Joist - Ceiling \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_ Studding Bearing: \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Wall Height \_\_\_\_\_

Roof Rafters \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Horizontal Span \_\_\_\_\_ Roof Pitch \_\_\_\_\_ in \_\_\_\_\_ Collar tie size \_\_\_\_\_

***IF TRUSSES ARE TO BE USED, YOU MUST SUBMIT TRUSS DESIGN, STAMPED BY A MASSACHUSETTS LICENSED ENGINEER, PRIOR TO FRAMING***

Sheathing: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Roof \_\_\_\_\_ Roofing \_\_\_\_\_ Attic/Roof Ventilation Type \_\_\_\_\_

Method of Attic and/or roof ventilation \_\_\_\_\_ % of glazing (rough openings compared to floor area) \_\_\_\_\_

**Deck or Porch** Describe \_\_\_\_\_ Size \_\_\_\_\_

Pier size \_\_\_\_\_ Maximum spacing \_\_\_\_\_ Column size \_\_\_\_\_ Maximum height of floor above grade \_\_\_\_\_

Carrying Beam size \_\_\_\_\_ Floor joist \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_ Ledger attachment to house \_\_\_\_\_ O/C \_\_\_\_\_

Roof Rafters \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Horizontal Span \_\_\_\_\_ Roof Pitch \_\_\_\_\_ in \_\_\_\_\_

**The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
[www.mass.gov/dia](http://www.mass.gov/dia)**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information**

**Please Print Legibly**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. ~ I am an employer with _____ Employees (full and/or part-time)*</p> <p>2. ~ I am a sole proprietor or partnership and have no employees Working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. ~ I am a homeowner doing all work myself. [No workers' comp. insurance required.]<sup>H</sup></p> <p>4. ~ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. <sup>I</sup> These sub-contractors have workers' comp. insurance.</p> <p>5. ~ 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.]</p>	<p><b>Type of project (required):</b></p> <p>6. ~ New Construction</p> <p>7. ~ Remodeling</p> <p>8. ~ Demolition</p> <p>9. ~ Building Addition</p> <p>10. ~ Electrical repairs or additions</p> <p>11. ~ Plumbing repairs or additions</p> <p>12. ~ Roof repairs</p> <p>13. ~ Other _____</p>
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\* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
<sup>H</sup> Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.  
<sup>I</sup> Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers'

***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: \_\_\_\_\_ For all FCCIP towns \_\_\_\_\_ 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 MGL 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 the 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 above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

<b>Official use only. Do not write in this area, to be completed by city or town official.</b>	
City or Town: _____	Permit/License #: _____
<b>Issuing Authority (circle one):</b>	
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 A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as Aan 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 owner of a dwelling house having not more than three apartments and who reside 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 Aevery 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 ANeither 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.@

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## 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) names(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.

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## 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 AJob Site Address@ the applicant should write Aall 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 homeowner 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 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.

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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

Tel. #617-727-4900 ext 406 or 1-877-MASSAFE  
Fax #617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)