

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

License Number _____ Expiration Date _____

Name of CSL Holder _____

List CSL Type (see below)

No. and Street _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling

City/Town, State, ZIP _____

M	Masonry
RC	Roofing Covering
WS	Window and Siding

Construction Supervisor's Signature or (Electronic Signature) _____

SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

Telephone _____ Email address _____

5.2 Registered Home Improvement Contractor (HIC)

HIC Registration Number _____ Expiration Date _____

HIC Company Name or HIC Registrant Name _____

No. and Street _____

HIC Registrant's Signature _____

City/Town, State, ZIP _____ Telephone _____

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.

Owner's/Authorized Agent's Signature _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

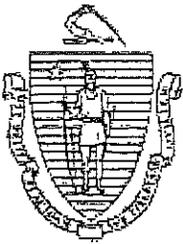
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Owner's or Authorized Agent's Name or (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), will **not** have access to the arbitration program or guaranty fund under G.L. c. 142A. Other information about the HIC Program can be found at www.mass.gov/oca. Information on the Construction Supervisor License (CSL) can be found at www.mass.gov/dps.



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

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*	4. <input type="checkbox"/> 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. <input type="checkbox"/> New construction
2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	5. <input type="checkbox"/> 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.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> 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 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 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 #: _____

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 #: _____

WASTE DISPOSAL AFFIDAVIT
TO BE FILED IN CONJUNCTION WITH BUILDING PERMIT

Applicant's Name:

Firm/Organization: (if applicable)

Address:

Street Number	City, State	Zip
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Telephone Number:

Email Address:

I, _____, hereby agree pursuant to G.L. c. 40 §54, that as an express condition of my building permit any resultant debris shall be disposed of in a properly licensed solid waste facility (see G.L. c. 111 §150A).

Construction debris shall be disposed of at:

Facility Name:

Facility Address:

Street Number	City, State	Zip
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Method of Transport:

- Truck
- Dumpster

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

Signature

Date



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, _____ (full legal name), born _____
(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 home owner.
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)