City of Lynn Massachusetts  
Inspection Services Department  
Massachusetts State Building Code, 780 CMR  
Short Form Building Permit Application

For Official Use Only

Building Permit Number: BP-  
Project Number: JS-

Building Official Signature  
Date

SECTION 1: SITE INFORMATION

1.1 Property Address:  
1.1a Is this an accepted street? yes no

1.3 Zoning Information:  
Zoning District  
Proposed Use  
Ward

1.4 Property Dimensions:  
Lot Area (sq ft)  
Frontage (ft)

1.5 Building Setbacks (ft)  
Front Yard  
Side Yards- Left and Right  
Rear Yard

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

2.1 Owner of Record:  
Name (Print)  
City, State, Zip

No. and Street Name  
Telephone  
Owner’s Signature

SECTION 3: DESCRIPTION OF PROPOSED WORK (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:

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $________ based upon:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>□ Minimum Permit Fee ($50.00)</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>□ Valuation: (Item 1) x 14 / 1000 = _______</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>Other Fees:</td>
</tr>
<tr>
<td>5. Fire Protection</td>
<td>$</td>
<td>□ Plan Review ($25.00)</td>
</tr>
<tr>
<td>6. Sheet Metal</td>
<td>$</td>
<td>□ Dumpster ($50.00)</td>
</tr>
<tr>
<td>7. Total Project Cost:</td>
<td>$</td>
<td>Total Fees Owed: $________</td>
</tr>
</tbody>
</table>

Check No.  
Check Amt.  
Cash Amt.  
Paid in Full  
Outstanding Balance Due:
### 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: OWNER'S 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](http://www.mass.gov/oca). Information on the Construction Supervisor License (CSL) can be found at [www.mass.gov/dps](http://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

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:

☐ I am an employer with ______ employees (full and/or part-time).*

☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers’ comp. insurance required.]

☐ I am a homeowner doing all work myself. [No workers’ comp. insurance required.]

☐ 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.

☐ We are a corporation and its officers have exercised their right of exemption per M.G.L. c. 152, §1(4), and we have no employees. [No workers’ comp. insurance required.]

Type of project (required):

☐ New construction

☐ Remodeling

☐ Demolition

☐ Building addition

☐ Electrical repairs or additions

☐ Plumbing repairs or additions

☐ Roof repairs

☐ Other ____________________

*Any applicant who 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 M.G.L. 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):


6. Other ____________________________

Contact Person: ____________________________  Phone #: ____________________________
WASTE DISPOSAL AFFIDAVIT
TO BE FILED IN CONJUNCTION WITH BUILDING PERMIT

Applicant's Name: 

Firm/Organization: (if applicable) 

Address: 

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: 

Method of Transport: 

☐ Truck
☐ Dumpster

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

Signature ___________________________ Date ___________________________
HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, ___________________________ (full legal name), born ___________________________, 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 homeowner.

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)