



CITY OF LYNN MASSACHUSETTS
Inspectional Services Department
Room 401, Lynn City Hall, Lynn, MA 01901
p. 781-598-4000 ~ f. 781-477-7031
Website: www.lynnisd.com

Approval
Stamp

Application to Install, Repair, or Alter a Fire Protection or CO System

Building Permit Number: BP# _____		Project Number: JS# _____		
Signature: _____ Building Commissioner/Inspector of Buildings		Date: _____ Approval Date		
SECTION 1: SITE INFORMATION (If known, fill in ward)				
1.1 Property Address _____ Number and Street Name		_____ Ward	1.2 Assessors Map, Block, Lot _____ Map _____ Block _____ Lot	
SECTION 2: PROPERTY OWNERSHIP/AUTHORIZED AGENT				
2.1 Owner of Record:				
Name (Please Print) _____		Address: _____		
Signature _____		Phone Number: _____		
2.2 Authorized Agent:				
Name of Agent (Please Print) _____		Address: _____		
Signature of Property Owner _____		Owner's Electronic Signature for online permitting _____		
SECTION 3: CONTRACTOR INFORMATION				
3.1 Licensed Contractor:				
Name _____		Address _____		
Signature _____		Phone Number _____	License Number _____	License Exp. Date _____
3.2 Company Information:				
Company Name _____		Address _____		
Signature _____		Phone Number _____	Bus. License No. _____	License Exp. Date _____
Photo I.D. Required/Copy of I.D. Attached: Yes: _____ No: _____				



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SECTION 4: WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c152§ 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 Permit

Signed Affidavit Attached Yes _____ No _____

SECTION 5: INSURANCE COVERAGE

I have a current Liability insurance policy or its equivalent which meet the requirements of M.G.L. Ch. 112 Yes ____ No ____

If You checked Yes Indicate the type of coverage by checking the appropriate box below:

A Liability Insurance Policy _____ **Other Type of Indemnity** _____ **Bond** _____

Owner's Insurance Waiver: I am aware that the Licensee does not have the Insurance coverage required by Chapter 112 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement

Signature of the Owner or Owner's Agent _____ Check one only: Owner _____ Agent _____

SECTION 6: Use Group

6.1 (Check as Applicable)

- Assembly Business Educational Factory High hazard Institutional
 Mercantile Residential Storage Utility Mixed Use Special Use

SECTION 7: DESCRIPTION OF PROPOSED WORK (Check all that apply)

Fire Alarm <input type="checkbox"/>	Sprinkler <input type="checkbox"/>	CO System <input type="checkbox"/>	Pre Eng. Fixed <input type="checkbox"/>	Other <input type="checkbox"/>
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair (s) <input type="checkbox"/>	Alteration (s) <input type="checkbox"/>	Addition <input type="checkbox"/>

Plans Submitted: Yes _____ No _____ **Plans Reviewed:** Yes _____ No _____

Provide a Detailed Description of the Proposed Work (Attach Additional Sheets for Detail of Proposed Work and or Narrative Report as Needed)



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>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. ‡</p> <p>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.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> 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.
 † 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 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 #: _____



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SECTION 8: OWNER / AUTHORIZED AGENT DELCARATION

I _____ as the Permit holder hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all the work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code and Chapter 112 of the Massachusetts General Laws.

Signed under the Pains and Penalties of Perjury

Print Named: _____ Signature of Licensee: _____

License Number: _____ Date: _____

Check at www.mass.gov/dlp for License Holder Information

SECTION 9: ESTIMATED CONSTRUCTION COSTS

Item	Estimated cost in Dollars to be completed by Permit Applicant
Fire protection System	\$
	\$
	\$
Total Estimated Cost	\$

For Official Use Only

Building Permit Fee \$ _____

How determined:

Minimum Residential Permit fee: \$50.00 for all projects \$5,000.00 and under and \$10.00 per \$1,000.00.

Minimum Commercial Permit fee: \$80.00 for all projects \$6,667.00 and under and \$12.00 per \$1,000.00.

Total Project Cost (\$10.00 or \$12.00 per \$1000.00) _____

Check Number _____ Check/Cash Amount _____