



The Commonwealth of Massachusetts
 State Board of Building Regulations
 And Standards
 Massachusetts State Building Code
 780 CMR

City of Everett Massachusetts Building Permit Application

Application to Construct, Repair Renovate, Change the Use or Occupancy Of, or Demolish any Building

THIS SECTION FOR OFFICAL USE ONLY

Building Permit Number: _____	Date: _____
Signature: _____ Date: _____	
Building Commissioner/Inspector of Buildings	

SECTION 1 SITE INFORMATION

1.1 Property Address: _____	1.2 Assessors Map & Parcel Number: _____ Map _____ Parcel _____ Tax _____	
1.3 Zoning Information: Zoning District _____ Proposed Use _____	1.4 Property Dimensions: Lot Area (S.F.) _____ Frontage (Ft.) _____	
1.5 Building Setbacks (Ft.)		
Front Yard	Side Yard	Rear Yard
Required Provided	Required Provided	Required Provided
/	/	
1.6 Water Supply (M.G.L. c40.§54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information Zone: _____ Outside Flood _____	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On Site Disposal <input type="checkbox"/>

SECTION 2 PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Please Print) _____ Address: _____
 Signature: _____ Phone Number: _____

2.2 Authorized Agent:

Name (Please Print) _____ Address: _____
 Signature: _____ Phone Number: _____

SECTION 3 CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

3.1 Licensed Holder Information:	Not Applicable <input type="checkbox"/>	UCSL RCSL MCSL RCCSL WSCSL SFCS L DCSL ICSL
License Holder _____	License Number _____	
Address _____ Zip Code _____	Expiration Date: _____	
Signature _____ Phone Number _____		
3.2 Registered Home Improvement Contractor:	Not Applicable <input type="checkbox"/>	
Company Name: _____	Registration Number: _____	
Address _____ Zip Code: _____	Expiration Date: _____	
Signature: _____ Phone Number: _____		

SECTION 4--- 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 5---Professional Design and Construction Services for Buildings and Structures Subject to Construction Control Pursuant to 780 CMR 116 (Containing more than 35,000 C.F. of Enclosed Space)

5.1 Registered Architect

_____ Name (Registrant)	_____ Not Applicable <input type="checkbox"/>
_____ Address	_____ Registration Number:
_____ Signature	_____ Expiration Date:
_____ Phone Number	

5.2 Registered Professional Engineer(s)

_____ Name:	_____ Area of Responsibility
_____ Address:	_____ Registration Number:
_____ Signature:	_____ Expiration Date:
_____ Phone Number:	

_____ Name:	_____ Area of Responsibility
_____ Address:	_____ Registration Number:
_____ Signature:	_____ Expiration Date:
_____ Phone Number:	

_____ Name:	_____ Area of Responsibility
_____ Address:	_____ Registration Number:
_____ Signature:	_____ Expiration Date:
_____ Phone Number:	

_____ Name:	_____ Area of Responsibility
_____ Address:	_____ Registration Number:
_____ Signature:	_____ Expiration Date:
_____ Phone Number:	

_____ Company Name:	
_____ Responsible Person in Charge of Construction	
_____ Address (Street City and State)	_____ Zip Code:
_____ Signature:	_____ Phone Number:

SECTION 6--- DESCRIPTION OF PROPOSED WORK (Check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alterations <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Building <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> (Specify)		
Brief Description of Proposed Work:				

SECTION 7—USE GROUP AND CONSTRUCTION TYPE											
USE GROUP (CHECK AS APPLICABLE)				CONSTRUCTION TYPE							
A--Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-2r <input type="checkbox"/>	A-2nc <input type="checkbox"/>	A-3 <input type="checkbox"/>	A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>	I-A	<input type="checkbox"/>	
B--Business	<input type="checkbox"/>								I-B	<input type="checkbox"/>	
E---Education	<input type="checkbox"/>								II-A	<input type="checkbox"/>	
F--Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/>					F-2 <input type="checkbox"/>			II-B	<input type="checkbox"/>
H--High Hazard	<input type="checkbox"/>								II-C	<input type="checkbox"/>	
I--Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/>			I-2 <input type="checkbox"/>			I-3 <input type="checkbox"/>	I-4 <input type="checkbox"/>	III-A	<input type="checkbox"/>
M--Mercantile	<input type="checkbox"/>								III-B	<input type="checkbox"/>	
R--Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	R-4 <input type="checkbox"/>			R-5 <input type="checkbox"/>	IV	<input type="checkbox"/>	
S--Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/>				S-2 <input type="checkbox"/>			V-A	<input type="checkbox"/>	
U--Utility	<input type="checkbox"/>	Specify:							V-B	<input type="checkbox"/>	
M—Mixed Use	<input type="checkbox"/>	Specify:									
S—Special Use	<input type="checkbox"/>	Specify:									

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE OF USE	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index (780 CMR 34) _____	Proposed Hazard Index (780 CMR 34) _____

SECTION 8 – BUILDING HEIGHT AND AREA		
Building Area	Existing (If Applicable)	Proposed
Number of Floors or Stories Include Basement Levels		
Floor Area per Floor (S.F.)		
Total Area (S.F.)		
Total Height (Ft.)		

SECTION 9 – STRUCTURAL PEER REVIEW (780CMR 110.11)
Independent Structural Engineering Peer Review Required Yes..... <input type="checkbox"/> No..... <input type="checkbox"/>

SECTION 10A – OWNER AUTHORIZATION—TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT	
<p>I _____, as the Owner of the subject property hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.</p> <p>Signature of Owner: _____ Date: _____</p>	

SECTION 10 B --- OWNER/AUTHORIZED AGENT DECLARATION
--

I _____ as Owner/ Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the Pains and Penalties of Perjury.

Print Name: _____

Signature of Owner or Agent: _____ Date: _____

SECTION 11 ESTIMATED CONSTRUCTION COSTS

ITEM	Estimated Cost (Dollars) To be completed by the Permit Applicant	Official Use Only	
1. BUILDING			
2. ELECTRICAL		B. Estimated Total Cost of Construction	
3. PLUMBING		Building Permit Fee (A X B)	
4. MECHANICAL (HVAC)			
5. FIRE PROTECTION			
TOTAL (ADD ITEMS 1 TO 5)		Check Number	

MASSACHUSETTS DEBRIS DISPOSAL LAW
M.G.L. c.40 §54, c584, §9; c111, §150A

WILL YOUR WORK RESULT IN ANY DEBRIS?
PLEASE CHECK:

YES _____ NO _____ INITIALS _____

FOR OFFICAL USE ONLY

PLAN NUMBER _____ OF _____



CITY OF EVERETT

Inspectional Services Department

484 BROADWAY, ROOM 26

EVERETT, MASSACHUSETTS 02149

PHONE 617-394-2220 FAX 617-394-2433

To: James Soper –Director of Inspectional Services

From: Frank Nuzzo - Director of Code Enforcement

CERTIFICATE OF GOOD STANDING

MAP NUMBER: _____ LOT NUMBER : _____

STREET NAME & NUMBER : _____

OWNER OF PROPERTY: _____

OWNER'S ADDRESS : _____

OWNER'S CITY/STATE: _____

For Official Use Only

RESEARCHED BY: _____



CITY OF EVERETT
Inspectional Services Department
484 BROADWAY, ROOM 26
EVERETT, MASSACHUSETTS 02149

PHONE 617-394-2220 FAX 617-394-2433

Date: _____

To: Domenico D'Angelo—Treasurer's Office

From: James Soper CBO--- Building Commissioner

The Inspector of Buildings requests the current tax status for the following Property:

MAP NUMBER: _____ LOT NUMBER: _____

STREET NAME: _____

OWNER OF PROPERTY: _____

OWNER'S ADDRESS: _____

OWNER'S CITY/STATE: _____

For Official use Only

TAXES CURRENT: _____ TAXES IN AREARS: _____

WATER CURRENT: _____ WATER IN AREARS: _____

RESEARCHED BY: _____



CITY OF EVERETT
INSPECTIONAL SERVICES DEPARTMENT

484 BROADWAY, ROOM 26
EVERETT, MASSACHUSETTS 02149-3694
OFFICE: 617-394-2220 FAX: 617-394-2433

JAMES SOPER, CBO
DIRECTOR INSPECTIONAL SERVICES
BUILDING COMMISSIONER
617-394-2224

DEBRIS REMOVAL FORM

Section R105.3.1.2 and 105.3.2.2 of 780 CMR, State Building Code states: "As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a *building* or *structure*, M.G.L. c. 40, subsection 54, requires that the debris resulting there from shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L.111, subsection 150A."

Job Location: _____

Location of Facility or Dumpster Company's Name and Address

Signature of Applicant

Print Name

Building Permit Number: _____

Date: _____



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:

- | | |
|--|--|
| <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> |
|--|--|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 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 #: _____

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 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.

The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia