

UPTON CODE ENFORCEMENT DEPARTMENT

Commonwealth of Massachusetts

780CMR – Massachusetts State Building Code

Application to construct, repair, renovate or demolish a one or two family dwelling



Section 1 - Site

Property Address: _____

Lot Size (square feet): _____ Frontage: (ft.) _____

Assessors Map and Parcel Number: _____

Zoning District: _____ Proposed Use: _____

Plan Area of Proposed Building: _____
(or existing building plus addition)

Setbacks: (ft.) Front Yard: _____ Side Yards: _____/_____ Rear: _____

Water Supply (MGL c 40 s 54) Municipal Supply Private Well
(if private well, include well test certificate with this application)

Sewage Disposal System: Municipal On site subsurface disposal system

Flood Zone (see community FIRM): _____ Outside Flood Zone

Property located within Historic District? Yes No

Section 2 – Property Ownership

Owner of Record: _____
Individual or Corporation

Address: _____
Number and Street

City or Town State Zip Code

Contractor: _____
Print Name

Address: _____
Number and Street

City or Town State Zip Code

Contractor's Signature: _____ Phone number: _____

Section 3 – Design and Construction Services

Construction Supervisor: _____
Print Name

Address: _____
Street and Number

City or Town State Zip Code

Signature: _____ **Phone:** _____

License Number: _____ **Expiration Date:** _____

Home Improvement Contractor Registration (if applicable) _____ **Expiration Date:** _____

Section 4 – Worker's Compensation Insurance (MGL c 152 s52)

Worker's Compensation Insurance Affidavit must be completed and submitted with the building permit application. Failure to provide said affidavit will result in denial of a building permit. (MGL c 152 s 25)

Affidavit attached Yes No

Section 5 – Description of Proposed Work

New Construction [] **Existing Building** [] **Addition** []
Repair [] **Alteration (s)** [] **Demolition** []
Accessory Building [] **Swimming Pool** []
Other [] **Specify** _____ **Age of building** _____ **years** (if existing)

Section 6 – Building Area

Floor Area (per floor) _____ **sf.** **Basement/Cellar** _____ **sf.**
Number of Stories
above grade _____ **Total Floor Area** _____ **sf.**

Section 7 – Estimated Construction Costs

1. **Electrical:** _____

2. **Plumbing:** _____

3. **Building:** _____

Total Costs (1+2+3) _____

Official Use Only

Building Permit Fee: _____

Section 8a – OWNER AUTHORIZATION – TO BE COMPLETED
WHEN CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as owner of the aforementioned property,
hereby authorize _____ to act on my
Print name of contractor
behalf, conducting the work authorized pursuant to this application.

Owner: _____ **Signature:** _____
(Print) Date

8b – Owner/Contractor Declaration

I, _____, as Owner/Contractor, hereby declare that
the information contained in the foregoing application is a true and accurate description of the
proposed work and the estimated costs associated therewith.

Signed under pains and penalties of perjury:

Print Name **Signature:** _____ Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 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 their workers' comp. policy information.

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 #: _____

