



PERMIT NO \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

**TOWN OF AYER**

**BUILDING PERMIT APPLICATION**

NOTE. THE BUILDING DEPARTMENT IS OPENED ON TUESDAY AND THURSDAY MORNINGS FROM 8:30AM TO 11:00 AM THE BUILDING COMMISSIONER IS AVAILABLE DURING THESE HOURS TO ANSWER ANY QUESTIONS. BUILDING PERMIT APPLICATIONS MAY BE PLACED IN THE MAIL DROP LOCATED ON THE OFFICE DOOR AT ANYTIME.

TO AVOID DELAYS IN PROCESSING YOUR APPLICATION, SUBMIT ALL REQUIRED INFORMATION TOGETHER INCOMPLETE APPLICATION PACKAGES CANNOT BE PROCESSED  
FILL OUT THE APPLICATION FORM COMPLETELY AND LEGIBLY  
ALLOW 7 TO 14 WORKING DAYS TO PROCESS YOUR COMPLETE PERMIT APPLICATION

ESTIMATED COST OF CONSTRUCTION: \_\_\_\_\_

OWNER: \_\_\_\_\_

BUILDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/STATE: \_\_\_\_\_

TOWN/STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

CELL: \_\_\_\_\_

HOME OWNER TO PERFORM WORK

CONST LIC NUMBER: \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

HOME IMPROV REG NUMBER: \_\_\_\_\_

**NOTE - A PHOTO COPY OF YOUR 'CONSTRUCTION SUPERVISORS UCENSE AND YOUR 'HOME IMPROVEMENT REGISTRATION' ALONG WITH A 'PHOTO IDENTIFICATION' ARE REQUIRED AT THE TIME YOU FILE THIS APPLICATION.**

**JOBSITE**      **HOUSE NUMBER:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

SCOPE OF WORK (PICK THE ONE WHICH BEST FITS YOUR PROJECT)

\_\_\_\_\_ NEW HOUSE

\_\_\_\_\_ RENOVATION | ADDITION / REPAIRS

\_\_\_\_\_ GARAGE

\_\_\_\_\_ BARN

\_\_\_\_\_ SWIMMING POOL

\_\_\_\_\_ ROOFING

\_\_\_\_\_ MISC

\_\_\_\_\_ WOOD STOVE

EXPLAIN WORK TO BE PERFORMED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BUILDING PERMIT APPLICATION** (CONTINUED)

**NEW HOUSE CONSTRUCTION** (ADDITIONAL INFORMATION REQUIRED — NEW HOUSES ONLY)

NO. OF DWELLING UNITS: \_\_\_\_\_ NO. OF STORIES \_\_\_\_\_  
NO. OF BEDROOMS: \_\_\_\_\_ SQUARE FEET OF LIVING SPACE \_\_\_\_\_  
NO. OF FULL BATHROOMS: \_\_\_\_\_ NO. OF GARAGE PARKING SPACES \_\_\_\_\_  
NO. OF PARTIAL BATHROOMS: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

**TRASH DISPOSAL AFFIDAVIT** (NOT REQUIRED FOR NEWHOUSES)

As a result of the provisions of MGL 'C40, S54", I acknowledge that as a condition of this BUILDING PERMIT, all debris resulting from the construction activity governed by this BUILDING PERMIT shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL "C111, S 150A"

I certify that I will notify the Inspector of Buildings by \_\_\_\_\_ (max. of 2 months) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PERMIT APPLICANT

**PRINT THE FOLLOWING INFORMATION**

\_\_\_\_\_  
NAME OF PERMIT APPLICANT

\_\_\_\_\_  
NAME OF WASTE REMOVAL COMPANY

\_\_\_\_\_  
FIRM NAME (IF ANY)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TOWN, STATE, ZIP CODE

\_\_\_\_\_  
TOWN, STATE, ZIP CODE

\_\_\_\_\_  
PHONE NUMBER AND AREA CODE

# WORKERS' COMPENSATION INSURANCE AFFIDAVIT

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TOWN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ I am the homeowner performing all work myself

\_\_\_\_\_ I am a sole proprietor and have no one working for me any capacity.

\_\_\_\_\_ I am an employer providing workers' compensation for my employees working on this job.

COMPANY NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TOWN, STATE, ZIP: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

\_\_\_\_\_ I am a sole proprietor, general contractor, or home owner (circle one) and have hired the contractor's listed below who have the following workers' compensation policies:

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN, STATE, ZIP CODE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN, STATE, ZIP CODE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and / or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the office investigation of the DIA for coverage verification.

I do hereby certify under pains and penalties of perjury that the information provided above is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**ASSESSORS INFORMATION**

MAP NO: \_\_\_\_\_ PARCEL NO: \_\_\_\_\_

COPY OF PERMIT AS ISSUED:

DO NOT WRITE IN THIS SPACE

---

**IDENTIFICATION OF APPLICANT**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TOWN, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application as his / hers authorized agent. We agree to conform to all applicable Town by-Laws State Building Codes and other restrictions/requirements from authorized agencies. I also certify that the information on this application is correct.