



Town Of Ayer

BUILDING PERMIT APPLICATION

1 Main Street, Ayer, MA 01432 ~ 978-772-8220 ext. 154

Permit No. _____

Date: _____

Incomplete application packages cannot be processed.

Form must be filled out completely and legible.

Allow up to 30 days to process a complete application.

NOTE TO CONTACTORS: All applications must have Construction Supervisor License, Home Improvement License, Legal ID, Workers Comp. Certificate (if required) and signed copy of contract.

Plans for new homes must be 24"x 36", all others must be a minimum of 18"x24".

The Building Commissioner's office hours are Monday – Friday 8 AM to 11 AM.

The Office Administrator is located on the third floor and office hours are Monday, Wednesday, and Thursday 8 AM to 4 PM, Tuesday 8 AM to 6 PM and Friday 8 AM to 2 PM.

TOTAL COST OF PROJECT: _____

Owner:_____

Contractor:_____

Address:_____

Address:_____

Town/State:_____

Town/State:_____

Phone:_____

Phone:_____

Homeowner to perform work?

Email:_____

YES ☐

NO ☐

Const. Super. Lic:_____

Home Improv. Reg:_____

How would you like to receive your permit?

Pick-up at Office ☐

Mail ☐

Please provide preferred mailing address:

Jobsite House Number: _____ **Parcel Number:** _____

Street: _____

Scope of Work:

- ☐ New House
- ☐ Renovations/Additions
- ☐ Roof
- ☐ Solar Panels
- ☐ Misc.: _____

Explain work to be performed:

No. of Dwelling Units: _____

No. of Stories: _____

No. of Bedrooms: _____

Sq. Ft. of Living Space: _____

No. of Full Bathrooms: _____

No. of Garage Spaces: _____

No. of Partial Bathrooms: _____

Lot Size: _____

TRASH DISPOSAL AFFIDAVIT (NOT REQUIRED FOR NEW HOUSES)

As a result of the provisions of MGL "C 40, 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 "C 111, S 150a"

I certify that I will notify the Inspector of Buildings by _____ (max. 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.

Name of Applicant

Name of Waste Removal Company

Date

Signature

IDENTIFICATION OF APPLICANT

Name

Mailing Address

Town, State, Zip Code

Phone Number

Email

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.

Signature of Applicant



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 a 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 #: _____

Prior to submitting the application package for review, please secure the following signatures from the appropriate departments verifying that the scope of work has been reviewed by the authority having jurisdiction. All applicable special permits, variances, plans and comments are to be attached as part of the permit application record for submittal to the Building Department. Any omissions of information may result in delays or rejection of the permit application. In those instances where the scope of work does not require a review and signature from the departments listed below, submit the application with the department unsigned. The Tax Collector Office and Water Department signature is required for all permit applications verifying paid taxes and water/sewer bills. (MGL 40, Sect. 57 adopted by the Town in 1992)

The required time period for which to review this application does not begin until this signature page has been satisfied

Do you own more than one property?

Yes ☐

No ☐

Tax Collector Office (978) 772-8220 ext. 152

Water Department (978) 772-8240

Tax Collector *Date*

Agent *Date*

Board of Health (978) 772-8220 ext. 145

Zoning Board of Appeals (978) 772-8220 ext. 100

Health Agent *Date*

Administrative Assistant *Date*

Assessors (978) 772-8220 ext. 140

Planning Board (978) 772-8220 ext. 144

Assessor *Date*

Town Planner *Date*

Conservation Commission (978) 772-8220 ext. 143

Fire Department (978) 772-8231

Conservation Agent *Date*

Fire Protection Officer *Date*

Dept. of Public Works (978) 772-8240

Driveway/ Road Opening Permit _____

Trench _____

Sewer Connection _____

Water Service _____

Demolition Cut & Cap _____

Inspection Fees _____

Dept. of Public Works Superintendent *Date*