



TOWN OF AYER

BUILDING PERMIT APPLICATION
1 Main Street, Ayer, MA 01432 978-772-8214

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.

The Building Inspector's office hours are Monday, Wednesday and Thursday 8 AM to 11 AM, Tuesday 8 AM to 11 AM and 3 PM to 6 PM and Friday 8 AM to 10 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 7 PM and Friday 8 AM to 1 PM.

ESTIMATED VALUE OF CONSTRUCTION _____

OWNER _____

CONTRACTOR _____

ADDRESS _____

ADDRESS _____

TOWN/STATE _____

TOWN/STATE _____

PHONE () _____

PHONE () _____

HOME OWNER TO PERFORM WORK?

CONST. SUPER. LIC. NO. _____

YES NO

HOME IMPROV.REG NO. _____

NOTE - Contractors, all applications must have Construction Supervisor License, Home Improvement License, Legal ID, Workers Comp. Certificate and signed copy of contract.

JOBSITE HOUSE NUMBER _____ **STREET** _____

SCOPE OF WORK:

NEW HOUSE ROOF WOODSTOVE

RENOVATIONS/ADDITION/REPAIRS MISC.

EXPLAIN WORK TO BE PREFORMED: _____

BUILDING PERMIT APPLICATION (continued)

NO. OF DWELLING UNITS _____

NO. OF STORIES _____

NO. OF BEDROOMS _____

SQ FT. OF LIVING SPACE _____

NO. OF FULL BATHROOMS _____

NO OF GARAGE PARKING 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 _____

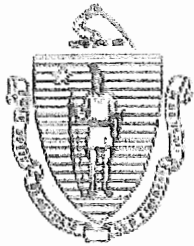
MAILING ADDRESS _____

TOWN, STATE, ZIP CODE _____

PHONE NUMBER _____

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 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 #: _____

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- 8209

Water Department (978) 772-8242

Tax Collector Date

Agent Date

Board of Health (978) 772-8213

Zoning Board of Appeals (978) 772-8220

Health Agent Date

Administrative Assistant Date

Assessors (978) 772-8211

Planning Board (978) 772-8218

Assessor Date

Town Planner Date

Conservation Commission (978) 772-8249

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