TOWN OF WESTMINSTER

NAME OF OWNER				DATE	PERMIT #
ADDRESS OF OWNER				TELEPHONE	
LOCATION OF PROPERTY NO. STREET		IF IN A SUBDIVISION - NAME			LOT NO.
SIDE OF STREET ☐ NORTH ☐SOUTH ☐EAST ☐WEST	MAP #	PARCEL #	SIZE OF LOT	☐ SQ. FT. ☐ ACRES	ZONING
PURCHASED PROPERTY FROM	DATE	ARE THERE ANY BODIES OF WATER, STREAMS OR SWAMP AREAS ON OR BUTTING LOT? ☐ YES ☐NO			
BUILDER'S NAME				TELEPHONE	
BUILDER'S ADDRESS				LICENSE #	HIC #
PURPOSE OF NEW BUILDING OR ALTERATION				FLOOR	SQ. FT. AREA
IS THERE PLUMBING, HEATING, ELECTRICAL OR SHEET METAL ASSOCIATED WITH THIS CONSTRUCTION?	☐ PLUMBING ☐ HEATING ☐ ELECTRICAL ☐ SHEET METAL ☐ NONE				
OVERALL DIMENSIONS OF BUILDING	NO. OF STORIES	NO. OF ROOMS	NO. OF FAMILY UNITS	IS SEWERAGE SYSTEM TO BE: ☐ CONSTRUCTED ☐ REPAIRED ☐ ALTERED	
NO. OF BEDROOMS	NO. OF BATHROOMS	NO. OF LAVATORIES	NO. OF GARBAGE DISPOSAL UNITS	WATER SUPPLY ☐ TOWN WATER ☐ NEW WELL ☐ EXISTING WELL	
TYPE OF CONSTRUCTION	FOUNDATION MATERIAL		TYPE OF HEATING SYSTEM		NO. OF FIREPLACES
GARAGE ☐ ATTACHED ☐ SEPARATE ☐ IN BASEMENT	NO. OF VEHICLES	PERMIT FEE	ESTIMATE OR CONTRACT COST		
APPROVED BY ZONING		DATE	RECEIVED PAYMENT		
APPROVED BY BOARD OF HEALTH		DATE	Applicant agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Zoning Board, Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and All applicable town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved. X		
APPROVED BY PLANNING BOARD		DATE			
APPROVED BY CONSERVATION COMM		DATE			
APPROVED BY FIRE CHIEF		DATE			
APPROVED BY HIGHWAY DEPARTMENT		DATE	SIGNATURE OF APPLICANT X		
APPROVED BY BUILDING INSPECTOR		DATE			
APPROVED BY TREASURER/COLLECTOR		DATE	SIGNATURE OF BUILDER		
RESTRICTIONS				USE GROUP:	
				FIRE GRADING:	

Town of Westminster
Building Department

11 South Street
Westminster, MA 01473

Michael A. Gallant, CBC
Building Commissioner

Phone: 978-874-7407
Fax: 978-874-7462
Email: magallant@westminster-ma.gov

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

_____
(Location of Facility)

_____
Signature of Permit Applicant

_____
Date

ww:debris

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:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.
5. ☐ 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.]

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 #:** _____

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

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

FOR MUNICIPALITY USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

_____ Building Official (Print Name) _____ Signature _____ Date

SECTION 1: SITE INFORMATION

1.1 Property Address:
_____
1.1a Is this an accepted street? yes_____ no_____

1.2 Assessors Map & Parcel Numbers
_____ Map Number _____ Parcel Number

1.3 Zoning Information:
_____ Zoning District _____ Proposed Use

1.4 Property Dimensions:
_____ Lot Area (sq ft) _____ Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, § 54)
Public ☐ Private ☐

1.7 Flood Zone Information:
Zone: ___ Outside Flood Zone? Check if yes☐

1.8 Sewage Disposal System:
Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP[1]

2.1 Owner[1] of Record:

_____ Name (Print) _____ City, State, ZIP

_____ No. and Street _____ Telephone _____ Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (check all that apply)

New Construction ☐	Existing Building ☐	Owner-Occupied ☐	Repairs(s) ☐	Alteration(s) ☐	Addition ☐
Demolition ☐	Accessory Bldg. ☐	Number of Units_____	Other ☐ Specify:_____		

Brief Description of Proposed Work[2]:_____
_____
_____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	**Official Use Only**
1. Building	$	1. Building Permit Fee: $_____ Indicate how fee is determined:
2. Electrical	$	☐ Standard City/Town Application Fee
3. Plumbing	$	☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
4. Mechanical (HVAC)	$	2. Other Fees: $_____
5. Mechanical (Fire Suppression)	$	List:_____
6. **Total Project Cost**:	$	Total All Fees: $_____
		Check No. _____Check Amount: _____Cash Amount:_____
		☐ Paid in Full ☐ Outstanding Balance Due:_____

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

_____
Name of CSL Holder

_____
No. and Street

_____
City/Town, State, ZIP

_____

_____ _____
Telephone Email address

_____ _____
License Number Expiration Date

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

_____
HIC Company Name or HIC Registrant Name

_____
No. and Street

_____ _____
City/Town, State, ZIP Telephone

_____ _____
HIC Registration Number Expiration Date

_____
Email address

SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize_____
to act on my behalf, in all matters relative to work authorized by this building permit application.

_____ _____
Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER[1] OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

_____ _____
Print Owner's or Authorized Agent's Name (Electronic Signature) Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____ Habitable room count _____
Number of fireplaces_____ Number of bedrooms _____
Number of bathrooms _____ Number of half/baths _____
Type of heating system _____ Number of decks/ porches _____
Type of cooling system_____ Enclosed _____Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #

I. TYPE OF NOTIFICATION (O=ORIGINAL R=REVISED C=CANCELLED):			WPR Notice?
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)			
OWNER NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT:		TEL:	
REMOVAL CONTRACTOR:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT:		TEL:	
OTHER OPERATOR:			
ADDRESS:			
CITY:	STATE:	ZIP:	
CONTACT:		TEL:	
III. TYPE OF OPERATION (D=DEMO O=ORDERED DEMO R=RENOVATION E=EMER.RENOVATION):			
IV. IS ASBESTOS PRESENT? (YES/NO)			
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)			
BLDG NAME:			
ADDRESS:			
CITY:	STATE:	COUNTY:	
SITE LOCATION:			
BUILDING SIZE:	NUM OF FLOORS:	AGE IN YEARS:	
PRESENT USE:	PRIOR USE:		

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW	
		CAT I	CAT II	UNIT	
PIPES				LnFt:	Ln m:
SURFACE AREA				SqFt:	Sq m:
VOL RACM OFF FACILITY COMPONENT				CuFt:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)	START:	COMPLETE:
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)	START:	COMPLETE:

Continued on page two

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:		
Address		
City:	State:	Zip:
Contact Person:		Telephone:

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Telephone:

XIII. WASTE DISPOSAL SITE

Name:		
Location:		
City:	State:	Zip:
Telephone:		

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:	Title:
Authority:	
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENC THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator) (Date)