

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 _____ **Total Floor Area** _____ **sf.**
above grade

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

<u>For Official Use Only</u>	<u>Approval Date or Date of Permit Issue</u>	<u>Remarks</u>
Plan Review		
Zoning Review		
Water Availability		
Fire Department		
Electrical		
Plumbing		
Board of Health		
Conservation		
Worker's Compensation		
Street Opening		
Historic Commission		
Other		

Building Permit Approved: _____ **Conditions:** _____
Date _____

Signed: _____
Building Commissioner/Inspector of Buildings



The Commonwealth of Massachusetts
 Department of Industrial Accidents
Office of Investigations
 600 Washington Street
 Boston MA 02111

Workers' Compensation Insurance Affidavit

Applicant Information:

Please PRINT legibly

Property Owner Name:

Job Location:

City:

Phone #

- I am a homeowner performing all work myself.
- I am a sole proprietor and have no one working in any capacity.
- I am an employer providing workers' compensation for my employees working on this job.

Company Name:

Address:

City:

Phone #

Insurance Co.

Policy #

- I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company Name:

Address:

City:

Phone #

Insurance Co.

Policy #

Company Name:

Address:

City:

Phone #

Insurance Co.

Policy #

Attach additional sheets if necessary.

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 of Investigations of the DIA for coverage verification.

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

Signature

Date

Print Name

Phone #

Official use only. Do not write in this area, to be completed by city or town official

- City or Town: _____ Permit/license # _____
- Check if immediate response is required
 - Building Department
 - Licensing Board
 - Selectmen's Office
 - Health Department
 - Other _____
- Contact person: _____ Phone #: _____