



TOWN OF SAUGUS

INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET Suite#6
SAUGUS, MASSACHUSETTS 01906

Fred Varone
Building Commissioner/Zoning Officer

Telephone Number 781-231-4119
Fax Number 781-231-4187
email: fvarone@saugus-ma.gov

TOWN OF SAUGUS APPLICATION FOR PERMIT TO BUILD OR ALTER

****HOMEOWNERS FILLING OUT THEIR OWN PERMITS MUST FILL OUT ALL FOUR PAGES****

THIS APPLICATION MUST BE PRINTED

Permit Number _____
 Fee Amount \$ _____
 Dumpster Fee \$ _____
 Date Filed _____
 Date Issued _____

Lessee: _____

Owners Name _____ Address _____
 City / Town _____ Phone # _____

Architects / Engineers _____ Address _____
 City / Town _____ Phone # _____

Builders Name _____ Address _____
 City / Town _____ Phone # _____

Licenses: Improvement (HIC) # _____ Construction Supervisor (CS) # _____
 Address of Performed Work _____

Assessors Map _____ Block _____ Lot _____ Zoning _____ Lot _____ Plan _____

Purpose of Building Permit _____

How Near Lot Lines: Right _____ Left _____ Rear _____ Street _____ Height _____
 Size of New Construction _____ Method of Heating _____ Fuel _____

Cost of Construction Work \$ _____

Is Building In Flood Plain? _____ Wetlands? _____

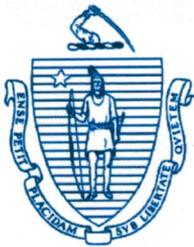
RESIDENTIAL

Number of Families _____ Number of Stories _____ Height _____
 Garage: Under _____ Attached _____ Modular _____ Stick Built _____
 Water/Sewer Permit _____ Septic System _____ Wells _____

ROOFING, SIDING & POOLS

Roofing: Number of Layers _____ Material to be Applied _____
 Siding: Present Siding: Wood _____ Vinyl _____ Asbestos _____
 Siding: Materials to be Applied _____ Numbers of Squares _____
 Pools: In-Ground Fiberglass Above ground _____ Gunitite _____ Vinyl _____ Cement _____
 Type & Height of fence _____

Signature of Applicant x _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 #: _____

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 #: _____

TOWN OF SAUGUS
Inspectional Services Department
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units ... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost _____

Address of Work: _____

Date of Permit Application: _____

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1,000
- Building not owner-occupied
- Owner pulling own permit
- Other (specify) _____

Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

Date Owner Name



Inspectional Services Department

TOWN OF SAUGUS

INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

Telephone: (781) 231-4115
(781)231-4116

In accordance with the provisions of MGL c40, & 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, & 150A.

This debris will be disposed of in which City or Town:

Street Address _____ City or Town: _____

Type of Container for

Transportation _____

*Dumpster Fee of \$25 for a dumpster on private property for the first thirty days and \$10 for each additional week a dumpster is on site, including dumpster on the street if approved by the DPW.

*Dumpster Fee amount: \$ _____.

X _____

Signature of Permit Applicant

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia