



**TOWN OF SAUGUS**  
INSPECTIONAL SERVICES DEPARTMENT  
298 CENTRAL STREET  
SAUGUS, MASSACHUSETTS 01906

*Fred Varone*  
*Inspector of Buildings/ Zoning Officer*

*Telephone: (781) 231-4116*

## **PROCESS FOR DEMOLITION OF A STRUCTURE**

### **DEMOLITION:**

- Building Dept. will notify and send pictures, supplied by the applicant, to the Historical Commission
- Notify *Dig Safe* (888) 344-7233 \*
- Notify the gas company (617) 523-1010 \*
- Notify the electric company (781) 388-5290 \*
- Notify the water department at the D.P.W to have water shut off (781) 231-4143 \*
- Have final reading of water meter taken (781) 231-4139 \*
- Certificate of insurance \*
- Asbestos removal from a certified company \*
- \$10,000 bond is needed \*
- Insect and rodent control seven days prior to demolition
- Apply for a demolition permit at the Building Dept.
- Pictures of structure must accompany demolition permit
- Apply for a plumbing permit to cap water and sewer
- Notify the Fire Department (781) 941-1199
- Building Dept. will submit application for approval from conservation (781) 231-4129
- Lot must be graded at completion of demolition
- Dust control must be supplied

\* Written proof must be submitted on notification of said departments and organizations.

**Town of Saugus  
Historical Commission**

Town Hall  
298 Central Street  
Saugus, MA 01906

**APPLICATION FOR DEMOLITION PERMIT REVIEW  
UNDER SECTION 10.2 OF SAUGUS ZONING BY-LAWS**

**Instructions to Applicant:**

This form is to be submitted to the Building Inspector along with the official application for a Demolition Permit. The Building Inspector will forward this form, with the attached photographs, to the Commission in accordance with Section 10.2 of the Saugus Zoning By-Laws. Do not submit directly to the Commission.

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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**Property Information**

**Address:** \_\_\_\_\_ **Assessor's Lot:** \_\_\_\_\_

**Owner (If Not Applicant):** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_

**Type of Demolition Proposed:** \_\_\_\_\_ **Total** \_\_\_\_\_ **Partial\***

\*If partial, please describe

The following information is not mandatory, but should be provided whenever possible.

**Date of Construction:** \_\_\_\_\_

**Builder/Architect:** \_\_\_\_\_

**Attach photographs of the property to be demolished. Only original prints (or print-outs of digital images) will be accepted. The Commission reserves the right to request additional images if it does not feel that those submitted adequately depict the property to be demolished.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 780 CMR 112.0 DEMOLITION OF STRUCTURES

**112.1 Service connections:** Before a *building* or *structure* is demolished or removed, the owner or agent shall notify all utilities having service connections within the *structure* such as water, electric, gas, sewer and other connections. A permit to demolish or remove a *building* or *structure* shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

All debris shall be disposed of in accordance with 780 CMR 111.5.

**112.2 Notice to adjoining owners:** Only when written notice has been given by the applicant to the owners of adjoining *lots* and to the owners of wired or other facilities, of which the temporary removal is necessitated by the proposed work, shall a permit be granted for the removal of a *building* or *structure*.



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**TOWN OF SAUGUS**  
**APPLICATION FOR PERMIT TO BUILD OR ALTER**

THIS APPLICATION MUST BE PRINTED

Permit Number \_\_\_\_\_  
Fee Amount \$ \_\_\_\_\_  
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 # \_\_\_\_\_ Construction Supervisor # \_\_\_\_\_

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 Completed 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 \_\_\_\_\_

**PUBLIC, COMMERCIAL AND INDUSTRIAL BUILDINGS**

Structural Systems Description \_\_\_\_\_

Height \_\_\_\_\_ Live Floor Load \_\_\_\_\_ lbs.sq.ft. Combined Roof Load \_\_\_\_\_ lbs.sq.ft.

Foundations \_\_\_\_\_ min. depth Bearing Capacity Of Soil \_\_\_\_\_ Actual Load \_\_\_\_\_ sq.ft.

Floor Area \_\_\_\_\_ sq.ft. Floor Area \_\_\_\_\_ sq.ft. Sprinkler System? \_\_\_\_\_

Truss Floor/Roof? \_\_\_\_\_ Exterior & Fire Walls, Thickness: first floor \_\_\_\_\_ second

floor \_\_\_\_\_ third floor \_\_\_\_\_ Signs: wall \_\_\_\_\_ free-standing \_\_\_\_\_ existing \_\_\_\_\_

**ROOFING, SIDING & POOLS**

Roofing: Number of Layers \_\_\_\_\_ Material To Be Applied \_\_\_\_\_

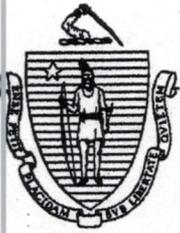
Siding: Present Siding; wood \_\_\_\_\_ vinyl \_\_\_\_\_ asbestos \_\_\_\_\_

Siding: Materials To Be Applied \_\_\_\_\_ Number of Squares \_\_\_\_\_

Pools: In-ground \_\_\_\_\_ Above-ground \_\_\_\_\_ Gunitite \_\_\_\_\_ vinyl \_\_\_\_\_ cement \_\_\_\_\_

Type & Height of fence \_\_\_\_\_

Signature of Applicant x \_\_\_\_\_



# THE COMMONWEALTH OF MASSACHUSETTS

## Department of Industrial Accidents

600 Washington Street, 7th Floor  
Boston, Massachusetts 02111

**MITT ROMNEY**  
Governor

**HENRY J. SWINIARSKI**  
Commissioner

**KERRY HEALEY**  
Lieutenant Governor

Building Inspector  
Town of Saugus  
298 Central Street  
Saugus, MA 01906

October 18, 2006

RE: Reminder - Workers' Compensation Affidavits per M.G.L. c. 152, §25C (6)

Dear Sir or Madam,

I am writing to provide you with an annual reminder that Massachusetts law requires that any business or individual wishing to obtain a license or permit from any city or town agency must complete the appropriate Workers' Compensation Insurance Affidavit prior to receiving said license or permit. No municipal authority may issue a license or permit without first receiving a completed affidavit from the permittee/licensee. **This applies to all building trades including, general contractors, carpenters, roofers, electricians, plumbers, etc.**

There are two types of affidavits; one for general businesses and another for builders, electricians, plumbers etc. The permit/license applicant must fill out the appropriate affidavit stating either that they have employees and carry workers' compensation, or that the business owner is a sole proprietor with no employees and is not required to carry a policy. If the business states that they have a workers' compensation policy, they must provide a copy of said policy along with the completed affidavit. **The city or town licensing agency is to keep the affidavit on file, along with the application for the permit/license. Further, if a city or town agency must issue more than one license/permit etc. to the same business, one affidavit for that business or organization will satisfy the statutory requirement.** Please note that a new affidavit must be filed upon the renewal of a yearly license or permit since workers' compensation policies are renewed annually.

From time to time a representative of the Department of Industrial Accidents (DIA) may come to your offices in order to review these affidavits as part of our efforts to enforce the workers' compensation laws. We ask that you please afford our agents every courtesy. If you have questions in this regard, please contact Bill Taupier at 617-727-4900 ext. 560. We thank you for your continued cooperation and support in this endeavor.

Sincerely,

Gregory J. White  
Deputy Commissioner and General Counsel

P.S. Copies of these affidavits are available on-line at [www.mass.gov/dia/EMPLOYER/Affidavits.htm](http://www.mass.gov/dia/EMPLOYER/Affidavits.htm).



**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 #: \_\_\_\_\_

For Office Use Only

NAME OF CITY/TOWN \_\_\_\_\_

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

**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 \_\_\_\_\_

Owner Name: \_\_\_\_\_

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



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*Inspectional Services Department*

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

In accordance with the provisions of MGL c 40, & 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 / Town \_\_\_\_\_

Type of Container for  
Transportation \_\_\_\_\_

X \_\_\_\_\_  
Signature of Permit Applicant