TOWN OF SAUGUS

INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

Fred Varone
Inspector of Buildings/ Zoning Officer

Telephone: (781) 231-4116

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_____
_____Height_____
How Near Lot Lines: Right_____ Left_____ Rear_____ Street_____
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_____ Gunite_____ vinyl_____ cement_____
Type & Height of fence _____

Signature of Applicant x_____

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 #:** _____

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only
Permit No._____
Date_____

NAME OF CITY/TOWN
_____

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