



APPLICATION FOR BUILDING PERMIT

TOWN OF AVON

Date: _____

To the INSPECTOR OF BUILDINGS:

The undersigned hereby applies for a permit to: Build Make Alterations Demolish Other _____

1. Address at site: _____

2. Name and Address of Owner: _____
_____ Telephone: _____

3. Name and Address of Contractor: _____
_____ Telephone: _____

4. Construction Supervisor's License No: _____ Home Improvement Cont. Lic. No: _____

5. Type of Construction: **Frame:** Wood Concrete/Steel Brick/Block
Walls: Studs & Plaster Precast Brick/Block
Foundation: Concrete Piles Other _____
Foundation Dimensions: _____ Wide x _____ Deep
Energy Compliance: Score Rescheck Comcheck

6. Number of Stories: _____

7. How is the building occupied: Residential Business Industrial Other _____
If Residential, number of families: _____ If Business, No. of units: _____

8. Lot Size: _____ Frontage: _____
Set Backs: Front _____ Left Side _____ Right Side: _____ Back: _____

9. Describe Proposed Work: _____

10. Plans submitted: Yes No Plot Plan: Yes No

All work to be performed in accordance with the current & amended Massachusetts State Building Code 780CMR.

11. Estimated Value of Work: \$ _____ (complete worksheet on back)

12. Signature of Owner or Authorized Representative: _____

Print Name

OFFICIAL USE ONLY

Approved By: _____ Date: _____ Permit No.: _____ Fee: _____

Map: _____ Block: _____ Lot: _____ Zoning District: _____ RETX _____ Water _____ Other _____

SPECIAL REQUIREMENTS: As Built Plans: _____ Foundation Only: _____ Completed Structure: _____

Certificate of Occupancy: Is Is not required before premises maybe occupied Certificate of Occup. Fee: _____

REQUIRED INSPECTIONS

Excavation: _____ Insulation: _____ Electrical: Rough: _____ Final: _____

Foundation: _____ Final: _____ Plumbing: Rough: _____ Final: _____

Rough Frame: _____ Gas Fitting: Rough: _____ Final: _____

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$	
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$	

TOWN OF AVON

IX HOMEOWNER LICENSE EXEMPTION

Supplement # 1

The current exemption for "homeowner" was extended to include owner-occupied dwellings of two units or less to allow such homeowners to engage an individual for hire who does not possess license, provided that the owner acts as a supervisor. (State Building Code Section 109 1.1)

DEFINITION OF HOMEOWNER

Person(s) who own a parcel of land on which he/she reside, on which there is, or is intended to be a one or two family dwelling attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such "Homeowner" shall submit to the Building Official that he/she shall be responsible for all such work performed under the building permit. (Section 109 1.1)

The undersigned homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinance, rules and regulations, and will comply with the Town of Avon's Building Department minimum inspections procedures and requirements

HOMEOWNERS SIGNATURE: _____

X CONSTRUCTION DEBRIS DISPOSAL

Supplement # 2

In accordance with provisions of Massachusetts General Law C40, S54 debris resulting from this work shall be disposed of in a property licensed solid waste disposal facility as defined by Massachusetts General Law C11, S150A

The debris will be disposed of in:

_____ (Location of Facility)

Signature of Permit Applicant

Date

XI HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(Residential Use Only) Supplement to Permit Application

Supplement # 3

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 two structures which are adjacent to such residence of building" be conducted by registered contractors, with certain exceptions along with other requirements.

Type of Work: _____ Est. Cost _____

Address of Work: _____

Owners 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 obtaining own permit

Other (specify) _____

Notice is hereby given that:

OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OF GUARANTY FUND UNDER MGL C.142A

Sign under penalties of perjury

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

Date

Contractor Signature

Registration No.

OR:

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

Date

Owner Signature



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:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an 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 attach 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 #: _____

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 sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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) and under "Job Site Address" the applicant should write "all locations in _____(city or town)." 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia