



# APPLICATION FOR BUILDING PERMIT TOWN OF BRAINTREE

# B

To the INSPECTOR OF BUILDINGS: Date: \_\_\_\_\_

The undersigned hereby  
applies for a permit to: \_\_\_\_\_ Build \_\_\_\_\_ Alter \_\_\_\_\_ Demolish

1. Address of work: \_\_\_\_\_

2. Name and Address of Owner: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name and Address of Contractor: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

4. Construction Supervisors License # \_\_\_\_\_ Photocopy required

5. Home Improvement Contractor Registration # \_\_\_\_\_ Photocopy required

6. How is building/structure to be occupied: Residential \_\_\_\_\_ No. of Units \_\_\_\_\_,  
Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other: \_\_\_\_\_

7. Brief Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Plans Submitted \_\_\_ Yes \_\_\_ No **All work to be performed in accordance with  
Massachusetts State Building Code (780 CMR)**

9. Estimated/Contractual Value of Work \$ \_\_\_\_\_

*Home Owners obtaining permits under license waivers are **NOT** eligible  
for compensation under the State Home Improvement Contractor Program!*

10. Signature of Authorized Representative: \_\_\_\_\_

**Official Use Only! Do Not Write Below Line**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_ Fee: \_\_\_\_\_

Map: \_\_\_\_\_ Plot: \_\_\_\_\_ District: \_\_\_\_\_



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 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: Town of Braintree 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: R. Forsberg / M. McGourty Phone #: 781 794-8070

E. Erskine

**AFFADAVIT**  
Home Improvement Contractor Law  
Supplement to Permit Application

**MGL c. 142A** requires that the reconstruction, alteration, 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 or building, be done by registered contractors with certain exception, along with other requirements.

Type of Work: \_\_\_\_\_ Est. Cost: \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

\_\_\_\_\_ I hereby certify that registration is **NOT** required for the following reason(s):  
\_\_\_\_\_ Work Excluded \_\_\_\_\_ Under \$1,000 \_\_\_\_\_ Not Owner Occupied

\_\_\_\_\_ I hereby acknowledge my responsibilities as the Licensed Builder under the Home Improvement Contractor Law which is applicable for this application.

\_\_\_\_\_ Owner obtaining building permit: ***Please note that property owners obtaining their own permit are not eligible for the arbitration program or guaranty fund under MGL c. 142A***

Signed under the penalties of perjury

\_\_\_\_\_  
Date Contractor Signature Registration No.

\_\_\_\_\_  
Date Property Owner Signature (If Applicable)

-----  
**DEBRIS FORM**

In accordance with the provisions of MGL c. 40 s. 54, a condition of a building permit is that the debris resulting from any work be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111 s. 150A.

NAME OF DISPOSAL COMPANY: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date



# Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director  
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070      Fax: 781-794-8022  
Health Division Telephone: 781-794-8090      Fax: 781-794-8098

Joseph C. Sullivan  
Mayor

## HOMEOWNER LICENSE EXEMPTION

Please Print

Job Location: \_\_\_\_\_  
Number Street

Home Phone: \_\_\_\_\_

Homeowner: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  
Number Street

City/Town

State

Zip Code

The current exemption for "Homeowners" is defined as owner-occupied dwelling of two units or less and to allow such homeowners to engage an individual for hire that does not possess a license, provided that the owner acts as supervisor.

### DEFINITION OF HOMEOWNER:

Person(s) who owns a parcel of land on which he/she resides or intends to 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 "Homeowners" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the Building Permit.

The undersigned "Homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "Homeowner" certifies that he/she understands the Town of Braintree Building Department's minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER SIGNATURE: \_\_\_\_\_

APPROVAL OF BUILDING OFFICIAL: \_\_\_\_\_