

<b>SECTION 4 – WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. C. 152 § 25C(6))</b>		
Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.		
Signed Affidavit Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION 5 – PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES – FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL\* PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE). \*CONSTRUCTION CONTROL DOCUMENTS ARE REQUIRED**

**5.1 Registered Architect:**

Name:	Not Applicable <input type="checkbox"/>
Address:	Registration #:
Signature: Telephone #:	Expiration Date:

**5.2 Registered Professional Engineer(s):**

Name:	Area of Responsibility:
Address:	Registration Number:
Signature: Telephone #:	Expiration Date:
Name:	Area of Responsibility:
Address:	Registration Number:
Signature: Telephone #:	Expiration Date:
Name:	Area of Responsibility:
Address:	Registration Number:
Signature: Telephone #:	Expiration Date:
Name:	Area of Responsibility:
Address:	Registration Number:
Signature: Telephone #:	Expiration Date:

**5.3 General Contractor:**

Company Name:	Not Applicable <input type="checkbox"/>
Responsible In Charge of Construction:	
Address:	
Signature: Telephone #:	

<b>Solid Waste Disposal Affidavit</b>		
In accordance with the provision of MGL c 40, §54, a condition of this building permit 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. The debris will be disposed of in:		
_____	_____	_____
(Location of Facility)	Signature of Applicant	Date

SECTION 6 – USE GROUP AND CONSTRUCTION TYPE			
USE GROUP (Check as applicable)			CONSTRUCTION TYPE
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	1A <input type="checkbox"/>
B Business	<input type="checkbox"/>		1B <input type="checkbox"/>
E Educational	<input type="checkbox"/>		2A <input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/> F-2 <input type="checkbox"/>	2B <input type="checkbox"/>
H High Hazard	<input type="checkbox"/>		2C <input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/>	3A <input type="checkbox"/>
M Mercantile	<input type="checkbox"/>		3B <input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/>	4 <input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>	5A <input type="checkbox"/>
			5B <input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify:	
M Mixed Use	<input type="checkbox"/>	Specify:	
S Special Use	<input type="checkbox"/>	Specify:	

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING, RENOVATIONS, ADDITIONS AND/OR CANOPY	
Existing Uses Group:	Proposed Use Group:
Existing Hazard Index 780 CMR 34):	Proposed Hazard Index 780 CMR 34):

SECTION 7 BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 8 STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Structural Peer Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SECTION 9a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 9b – OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner/Authorized agent Hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.  
*Signed under the pains and penalties of perjury.*

Print Name \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_