



**TOWN OF WEBSTER  
MASSACHUSETTS**  
350 Main St. Webster, MA. 01570



**This Section For Official Use Only**

Building permit number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
Building Commissioner/Inspector of Buildings Date

**Section 1: Site Information**

<b>1.1 Property Address:</b> _____		<b>1.2 Assessors Map &amp; Parcel Number:</b> Map Number _____ Parcel Number _____	
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.4 Property Dimensions:</b> Lot Area(sq ft) _____ Frontage (ft) _____	
<b>1.5 Building Setbacks (ft)</b>			
Front yard		Side Yards	
<i>Required</i>	<i>Provided</i>	<i>Required</i>	<i>Provided</i>
_____	_____	_____	_____
<b>1.6 Water Supply:</b> (M.G.L.c 40, §54) <input type="checkbox"/> Public <input type="checkbox"/> Private		<b>1.8 Sewage Disposal System:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> On site disposal system?	

**Section 2: Property Ownership**

**2.1 Owner Record:**

Name(Print) \_\_\_\_\_ Address For Service \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**Section 3: Description Of Proposed Work(Check all that apply)**

<input type="checkbox"/> New Construction	<input type="checkbox"/> Existing Building	<input type="checkbox"/> Owner-Occupied	<input type="checkbox"/> Repair(s)	<input type="checkbox"/> Alteration(s)	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolition	<input type="checkbox"/> Accessory Bldg	Number of Units: _____	<input type="checkbox"/> Other Specify: _____		

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

**Section 4: Estimated Construction Cost**

Item	Estimated Costs :( Labor and Materials)	Official Use Only
1. Building	\$ _____	<b>1. Building Permit Fee:</b> \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost(Item 6) x multiplier ____ x ____ <b>2. Other Fees:</b> _____ List: _____ _____ <b>Total All Fees:</b> \$ _____ <b>Check No.</b> _____ <b>Check Amount:</b> _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
3. Electrical	\$ _____	
4. Plumbing	\$ _____	
5. Mechanical (HVAC)	\$ _____	
6. Mechanical (Fire Suppression)	\$ _____	
<b>7. Total Project Cost:</b>	\$ _____	

**Section 5: Construction Services**

<b>5.1 Supervisors License</b>																	
_____ <b>License Number</b>	_____ <b>Expiration Date</b>																
_____ <b>Name of CSL-Holder</b>	<b>List CSL Type (see below)</b>																
_____ <b>Address</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> <tr> <td align="center">U</td> <td align="center">Unrestricted (Up to 35,000 Cu. Ft.)</td> </tr> <tr> <td align="center">R</td> <td align="center">Restricted 1 &amp; 2 Family Dwelling</td> </tr> <tr> <td align="center">M</td> <td align="center">Masonry Only</td> </tr> <tr> <td align="center">RC</td> <td align="center">Residential Roofing Covering</td> </tr> <tr> <td align="center">WS</td> <td align="center">Residential Window and Siding</td> </tr> <tr> <td align="center">SF</td> <td align="center">Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td align="center">D</td> <td align="center">Residential Demolition</td> </tr> </table>	Type	Description	U	Unrestricted (Up to 35,000 Cu. Ft.)	R	Restricted 1 & 2 Family Dwelling	M	Masonry Only	RC	Residential Roofing Covering	WS	Residential Window and Siding	SF	Residential Solid Fuel Burning Appliance Installation	D	Residential Demolition
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_____ <b>Telephone</b>																	

<b>5.2 Registered Home Improvement (HIC)</b>	
_____ <b>HIC Company Name or HIC Registrant Name</b>	_____ <b>Registration Number</b>
_____ <b>Address</b>	_____ <b>Expiration Date</b>
_____ <b>Signature</b>	_____ <b>Telephone</b>

**Section 6 Workers' Compensation Insurance Affidavit**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in denial of the Issuance of the building permit.

Signed Affidavit     Yes     No

**Section 7a: 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

\_\_\_\_\_  
Date

**Section 7b: Owner or Authorized Agent Declaration**

I \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

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

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

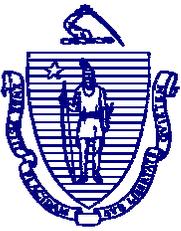
**Section 8: Signatures Needed**

<b>Board of Assessors:</b> _____ Date: _____ Map: _____ Lot: _____ Int: _____ Transfer Date: _____ <b>Town Tax Collector:</b> _____ <b>Fire Dept:</b> Alarms: _____ Burners: _____ Suppression: _____ Storage: _____ Hydrant/Water Supply: _____ Signed: _____ Date: _____ <b>Conservation:</b> _____ Signed: _____ Date: _____	<b>Board of Health: Septic:</b> _____ Well: _____ <b>Planning:</b> _____ Signed: _____ Date: _____ <b>Zoning:</b> _____ Signed: _____ Date: _____ <b>Highway Dept:</b> Driveway Approval: _____ Curb Cut: _____ Signed: _____ Date: _____ <b>Water/ Swr Department:</b> _____ Date: _____
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**Section 9: Debris Disposal**

\_\_\_\_\_  
Name of Waste Hauler:

\_\_\_\_\_  
Name of Waste Facility:



**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 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> |
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**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 #: \_\_\_\_\_

# 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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

**TOWN OF WEBSTER**  
**MASSACHUSETTS**  
350 Main St. Webster, MA. 01570  
**OFFICE OF THE INSPECTOR OF BUILDINGS**

*Inspector of Buildings*



Phone: (508) 949-3800  
Ext. 4005  
Fax: 508-949-0845

***HOMEOWNER LICENSE EXEMPTION***

Please Print:

DATE: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

HOMEOWNERS NAME: \_\_\_\_\_

HOMEOWNERS ADDRESS: \_\_\_\_\_

HOMEOWNERS TELEPHONE: \_\_\_\_\_

The current exemption for “homeowners” was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire who does not process a license, provided that the owner acts as supervisor. (State Building Code Section 108.3.5.1)

**DEFINITION OF HOMEOWNER:**

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is intended to be, a one to six 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, 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 Webster Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER’S SIGNATURE: \_\_\_\_\_

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

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building Code Section 116.0.

**TOWN OF WEBSTER  
MASSACHUSETTS  
350 Main St. Webster, MA. 01570  
OFFICE OF THE INSPECTOR OF BUILDINGS**

*Inspector of Buildings*



Phone: (508) 949-3800  
Ext. 4005  
Fax: 508-949-0845

Debris Affidavit

Jobsite location: \_\_\_\_\_

In Accordance with the provisions of MGL c 40, s 54, a condition of Building Permit Number \_\_\_\_\_ is that debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, 2 150A.

**Any dumpster 6 yards and over will require a permit from the Fire Department**

The debris will be disposed of in:

\_\_\_\_\_  
Location of Facility

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