

The Applicant shall be responsible for obtaining these signatures

Police Department (**\*Required If New Address Needed**) Initials \_\_\_\_\_

Waste Water (**\*Required If abutting Municipal Sewer**) Initials \_\_\_\_\_

Water District (**\*Required If a new dwelling is created**) Initials \_\_\_\_\_

Fire Department Initials \_\_\_\_\_

**\*These initials may not be required. If you have a question, please ask the Building Department.**

The Building Department shall obtain the rest...

Assessors Initials \_\_\_\_\_

Tax Collector Initials \_\_\_\_\_

Conservation Initials \_\_\_\_\_

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Health Department Initials \_\_\_\_\_

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Building Code Initials \_\_\_\_\_

Zoning Initials \_\_\_\_\_

DCPC Initials \_\_\_\_\_

Floodplain Initials \_\_\_\_\_

Selectmen Initials \_\_\_\_\_

Planning Initials \_\_\_\_\_

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The Bldg./Zoning Clerk shall obtain the rest...

ZBA Initials \_\_\_\_\_

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CCHDC Initials \_\_\_\_\_

Copeland Initials \_\_\_\_\_

Campground Initials \_\_\_\_\_

OBHC Initials \_\_\_\_\_



# The Town of Oak Bluffs

Massachusetts State Building Code, 780 CMR  
Building Permit Application To Construct, Repair, Renovate or Demolish a  
**One- or Two-Family Dwelling**  
or an Accessory Structure



### This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

\_\_\_\_\_  
Building Official (Print Name) Signature Date

### SECTION 1: SITE INFORMATION

#### 1.1 Property Address:

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

#### 1.2 Assessors Map & Parcel Numbers

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

#### 1.3 Zoning Information: DCPC? \_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

#### 1.4 Property Dimensions:

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

#### 1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

#### 1.6 Water Supply: (M.G.L c. 40, §54)

Public  Private

#### 1.7 Flood Zone Information:

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes

#### 1.8 Sewage Disposal System:

Municipal  On site disposal system

### SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

#### 2.1 Owner<sup>1</sup> of Record:

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Base Fee Plus \$0.30 x SF \$0.30 x _____ SF= _____ 2. Base Fee: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

\_\_\_\_\_  
Name of CSL Holder

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
List CSL Type (see below)

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

\_\_\_\_\_  
HIC Company Name or HIC Registrant Name

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
HIC Registration Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Email address

**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

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 .....  No .....

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S 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.

\_\_\_\_\_  
Print Owner's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
Print Owner's or Authorized Agent's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 8: NOTES**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

## Section 9: Debris Disposal Affidavit

DEMOLITION SITE ADDRESS \_\_\_\_\_  
DISPOSAL/DUMPSTER FIRM \_\_\_\_\_  
APPLICANT'S SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

## Section 10: Workers Compensation Affidavit

Name (Business/Organization/Individual): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. I am an 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. 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. ‡
6. 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):**

7. New Construction
8. Remodeling
9. Demolition
10. Building Addition
11. Electrical Work
12. Plumbing Work
13. Roof Work
14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 \_\_\_\_\_  
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_