



TOWN OF OAK BLUFFS
BUILDING DEPARTMENT
508-693-3554 Ext. 123
buildingadmin@oakbluffsma.gov

RESIDENTIAL EXPRESS PERMIT APPLICATION

FEE: \$75.00 CHECK #:
APPLICATION #: PERMIT #:

MAP _____ PARCEL _____

OWNER'S NAME: _____

PHONE #: _____ EMAIL: _____

Construction Address: _____

SIGN OFFS: Assessor: _____ Tax Collector: _____ Conservation Commission: _____ Board of Health: _____

HISTORICAL DISTRICTS: OBHC: Yes [] No [] MVCMA: Yes [] No [] CCHDC: Yes [] No []

COPELAND: Yes [] No []

WETLANDS: Yes [] No []

WORK TO BE PERFORMED

Absolutely NO Header Changes or Structural Work With This Permit

- [] Replace Windows #: _____ Indicate which rooms (on back) as well as type of window/U Value
- [] Replace Doors #: _____
- [] Replace decking (no structural) Type of decking: _____
- [] Replace Siding # of sq. _____ Type: _____
- [] Re-roof # of sq. _____ Type of shingle: _____ Strip old shingles Yes [] No []
- [] Fence _____ Over 7' requires permit
- [] Shed** _____ size < 100 sq ft, 5' side/rear setback, > 100 sq ft Appendix B side/rear setback

****ALL NEW SHEDS REQUIRE A PLOT PLAN W/APPLICATION – NO EXCEPTIONS**

DESCRIBE WORK AND EXISTING CONDITIONS ON SEPARATE PAPER. SUBMIT PLANS WHEN REQUIRED

Estimated Cost of Project: \$ _____ Disposal/Dumpster Firm for Debris: _____
REQUIRED

Contractor's Name: _____ Mailing Address: _____

Phone: _____ Email: _____ for permit notification

Construction Supervisor Lic #: _____ Expiration Date: _____ HIC Registration #: _____
REQUIRED FOR WORK ON EXISTING DWELLINGS

Worker's Compensation Insurance: WORKER'S COMPENSATION AFFADAVIT ON REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED

I am a: [] Homeowner Performing all work [] Contractor CSL #: _____ Exp Date: _____
[] HIC #: _____ Exp Date: _____ REQUIRED

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 and Sign Name

Date

Persons contracting with unregistered contractors do not have access to the guaranty fund as set forth in M.G.L. c 142A.
I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268 Section 1.

Applicant's Signature: _____ Date: _____
Print Name and Signature

Building Inspector's Signature: _____ Date: _____

PERMITS MUST BE VISIBLE FROM THE MAIN ACCESS STREET TO PROJECT

Section 9: Debris Disposal Affidavit

DEMOLITION SITE ADDRESS _____
DISPOSAL/DUMPSTER FIRM _____
CONSTRUCTION SITE ADDRESS _____
SIGNATURE OF PERMIT APPLICANT _____
DATE _____

Section 10: Workers' Compensation Affidavit

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

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 repairs or additions
12. Plumbing repairs or additions
13. Roof repairs
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 (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____
Contact Person: _____ Phone #: _____