

The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR
 Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling



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:
 9 Wood Duck Way

1.2 Assessors Map & Parcel Numbers
 Map Number: 48 Parcel Number: 36

1.1a Is this an accepted street? yes no _____

1.3 Zoning Information:
 Zoning District: R-3 Proposed Use: storage + pottery

1.4 Property Dimensions:
 Lot Area (sq. ft): 38,768 Frontage (ft): 274' (on Wood Duck)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
50'	117'	50'	17'	50'	31'

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 OWNERSHIP¹

2.1 Owner¹ of Record:
 Name (Print): Linda N. Shaw City, State, ZIP: OB but mailing Edgartown, 02539
 No. and Street: 9 Wood Duck Way Telephone: (508) 560-8281 Email Address: lindananshaw@gmail.com

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: Shed on crawl

Brief Description of Proposed Work²:
 Shed 12'x16' (192 sq ft) with crawl space for storage (4' deep) potterly. Shed to be used for garden storage & making space

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 15,000	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Building Cost (Item 1) x multiplier _____ x .0065 (\$6.50/\$1,000 of actual building cost) or minimum \$ _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ 500	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. Total Project Cost:	\$ 15,500	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Paul Ricci
Name of CSL Holder

PO Box 2651
No. and Street

Edgartown, MA 02539
City/Town, State, ZIP

508 314 0661 p.ricci@aol.com
Telephone Email address

071078
License Number Expiration Date

List CSL Type (see below)

Type	Description
U	Unrestricted (Buildings up to 5,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliance
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 (Electronic Signature) Date

SECTION 7b: OWNER¹ 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.

Linda Shaw 5/28/21
Print Owner's or Authorized Agent's Name (Electronic 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 Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor area (sq. ft.)	<u>192</u>	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.)	<u>none</u>	Habitable room count
Number of fireplaces	<u>0</u>	Number of bedrooms
Number of bathrooms	<u>0</u>	Number of half/baths
Type of heating system	<u>n/a</u>	Number of decks/ porches
Type of cooling system	<u>n/a</u>	Enclosed
		Open <input checked="" type="checkbox"/>

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

Section 9: Debris Disposal Affidavit

n/a shed

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

Section 10: Workers' Compensation Affidavit

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____

Phone #: _____

<p>Are you an employer? Check the appropriate box:</p>		<p>Type of project (required):</p>
<p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</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>6. <input type="checkbox"/> New construction</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>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>	<p>7. <input type="checkbox"/> Remodeling</p>
<p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p>		<p>8. <input type="checkbox"/> Demolition</p>
		<p>9. <input type="checkbox"/> Building addition</p>
		<p>10. <input type="checkbox"/> Electrical repairs or additions</p>
		<p>11. <input type="checkbox"/> Plumbing repairs or additions</p>
		<p>12. <input type="checkbox"/> Roof repairs</p>
		<p>13. <input type="checkbox"/> Other _____</p>

*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____</p>	
Contact Person: _____	Phone #: _____

