



**SECTION 5 – CONSTRUCTION SERVICES**

Construction Supervisor / H.I. Contractor \_\_\_\_\_  
 Phone: \_\_\_\_\_ Print Name & Company Name \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Construction Supervisor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 H.I.C. Registration # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Architect: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Check CSL Type:**  
 U-Unrestricted (up to 35,000 Cu. Ft.)  
 R-Restricted 1 & 2 family dwelling  
 M-Masonry Only  
 RC-Residential Roof Covering  
 WS-Residential Window & Siding  
 SF-Res. Solid Fuel Burning Appl. Inst.  
 D-Residential Demolition  
 IC-Insulation

**SECTION 6 – OWNER AUTHORIZATION**

I, \_\_\_\_\_ as Owner of the aforementioned property hereby authorize  
 (Print Name of Owner) \_\_\_\_\_  
 (Print Name of Agent) \_\_\_\_\_ to act on my behalf during the work authorized pursuant to this application  
 Owners pulling their own permit or dealing with unregistered contractors do not have access to the Arbitration Program or Guaranty Fund (as set forth in MGL c. 142A)  
 Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 7 – OWNER / AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner / Authorized Agent hereby declare that the information contained in this application is a true and accurate description of the proposed work and costs associated therewith. I agree that the proposed work shall be completed subject to the provisions of the of the Massachusetts State Building Code and other applicable laws and ordinances.  
 Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 8 – DEMOLITION REQUIREMENTS**

**DIG SAFE #:** \_\_\_\_\_

(Letters required from utilities)

1-888-DIG-SAFE

Gas Co.       Electric Co.       Water Supplier       Sewer (D.P.W.)       Telephone Co.  
 Dept. of Labor & Industries       Board of Health       Fire Department       Planning Board  
 (Asbestos/Lead) 413-781-2676

**SECTION 9 – DEBRIS DISPOSAL**

In accordance with the provisions of MGL, C.0, S.4, 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 C111, S151A.  
 NAME & LOCATION OF FACILITY: \_\_\_\_\_  
 SIGNATURE OF PERMIT APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION 10 – 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.....