

CITY OF BROCKTON PERMIT APPLICATION

INSPECTOR
REVIEW



DATE RECEIVED

ADDRESS: _____ PLOT: _____
MAP _____ ROUTE: _____ ZONING: _____

APP. NO: _____ PERMIT NO: _____
RECVD BY: _____ FEE COLLECTED: _____

APPLICATION FOR:

- BUILDING PERMIT (COMPLETE ALL SECTIONS, ATTACH REQUIREMENTS)
- PLUMBING/GAS PERMIT (ATTACH SEPARATE APPLICATION)
- WIRING PERMIT (ATTACH SEPARATE APPLICATION)

CURRENT USE:

RESIDENTIAL:

<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> 2+ FAMILY _____	<input type="checkbox"/> HOTEL/MOTEL
<input type="checkbox"/> GARAGE	<input type="checkbox"/> CARPORT	<input type="checkbox"/> OTHER _____

COMMERCIAL

<input type="checkbox"/> ASSEMBLY	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> EDUCATIONAL
<input type="checkbox"/> FACTORY/IND.	<input type="checkbox"/> HIGH HAZARD	<input type="checkbox"/> INSTITUTIONAL
<input type="checkbox"/> MERCANTILE	<input type="checkbox"/> STORAGE	<input type="checkbox"/> OTHER _____

TYPE OF IMPROVEMENT:

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION/REPAIR
<input type="checkbox"/> MOVING	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> OTHER _____

ESTIMATED CONSTRUCTION COST
(ROUNDED UP TO NEAREST \$1,000):

DESCRIPTION OF WORK: _____

IDENTIFICATION:

	NAME	MAILING ADDRESS	LICENSE NUMBER	HIC REG.	TELEPHONE
OWNER OR LESSEE					
CONTRACTOR					
ARCHITECT OR ENGINEER					

STATEMENT OF TRUTH: (READ AND CHECK OFF BEFORE SIGNING)

- I, THE UNDERSIGNED, DO SWEAR THERE IS POTABLE WATER AT THE LOCATION OF APPLICATION AND REQUEST A PERMIT BE ISSUED FOR THE STATED WORK;
- I, THE UNDERSIGNED, WILL NOT START THE JOB UNTIL A PERMIT IS GRANTED;
- THE JOB WILL NOT START WITHOUT FIRST POSTING THE PERMIT;
- THE BUILDING WILL NOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED; OMISSION OF REFERENCE TO ANY PROVISION SHALL NOT NULLIFY ANY REQUIREMENT NOR EXEMPT ANY STRUCTURE FROM SUCH REQUIREMENT.

THE APPLICANT(S) UNDERSTAND AND WARRANT THAT THEY WILL COMPLY WITH ALL PERTINENT FEDERAL AND STATE STATUTES, LOCAL ORDINANCES AND ALL FEDERAL, STATE, AND LOCAL REGULATIONS, INCLUDING THOSE OF THE ARCHITECTURAL ACCESS BOARD, DEPARTMENT OF ENVIRONMENTAL PROTECTION, AND THE ENVIRONMENTAL PROTECTION AGENCY. IT IS UNDERSTOOD THAT THE ISSUANCE OF A PERMIT SHALL NEITHER SERVE AS AN ACCEPTANCE OR ACKNOWLEDGEMENT OF COMPLIANCE NOR EXEMPT ANY STRUCTURE FROM SUCH REQUIREMENT. THE PERMIT SHALL BE A LICENSE TO PROCEED WITH THE WORK AND SHALL NOT BE CONSTRUED AS AUTHORITY TO VIOLATE, CANCEL, OR SET ASIDE ANY OF THE PROVISIONS OF THE STATE BUILDING CODE OR LOCAL CODE OF ORDINANCES, OF THE CITY OF BROCKTON.

- I HAVE READ THE ABOVE SIGN UNDER PAIN AND PENALTY OF PERJURY AS TO THE TRUTH OF ALL OF THE INFORMATION AND STATEMENTS.

APPLICANTS SIGNATURE

ADDRESS

CITY AND STATE

CONSTRUCTION TYPE
 WOOD FRAME
 MASONRY
 STEEL
 CONCRETE
 OTHER _____

DOES BUILDING CONTAIN ASBESTOS?
 YES
 NO
 UNKNOWN

SPRINKLERS
 YES
 NO
A/C
 YES
 NO

CONSTRUCTION DEBRIS DISPOSAL:

IN ACCORDANCE WITH PROVISIONS OF MASSACHUSETTS GENERAL LAW C40, S54, DEBRIS RESULTING FROM THIS WORK SHALL BE DISPOSED OF IN A PROPERLY LICENSED SOLID WASTE DISPOSAL FACILITY AS DEFINED BY MASSACHUSETTS GENERAL LAW C111, 2150A)

THE DEBRIS WILL BE DISPOSED OF IN: _____
LOCATION OF FACILITY

BUILDING COMMISSIONERS REVIEW:

APPROVED
 DENIED DENIED DATE: _____

COMMENTS AND CONDITONS: _____

SIGNED: _____ TITLE: _____ DATE: _____

HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT: (RESIDENTIAL USE ONLY)

MGL C142A REQUIRES THAT THE "RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR, MODERNIZATION, CONVERSION, IMPROVEMENT, REMOVAL, DEMOLITION, OR CONSTRUCTION OF AN ADDITION TO ANY PRE-EXISTING OWNER-OCCUPIED BUILDING CONTAINING AT LEAST ONE BUT NOT MORE THAN FOUR DWELLING UNITS... OR TO STRUCTURES WHICH ARE ADJACENT TO SUCH RESIDENCE OF BUILDING: BE CONDUCTED BY REGISTERED CONTACTORS, WITH CERTAIN EXCEPTIONS, ALONG WITH OTHER REQUIREMENTS.

I HEREBY CERTIFY THAT: REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASON(S):

____ WORK EXCLUDED BY LAW ____ JOB UNDER \$1,000 ____ BUILDING NOT OWNER-OCCUPIED
____ OWNER OBTAINING OWN PERMIT ____ OTHER REASON _____

NOTICE IS HEREBY GIVEN THAT: OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL C142A.

CONTRACTOR'S SIGNATURE: _____ DATE: _____ HIC# _____

NOTWITHSTANDING THE ABOVE NOTICE, I HEREBY APPLY FOR A PERMIT AS THE OWNER OF THE ABOVE PROPERTY:

RAZING OF BUILDINGS:

CONTRACTOR MUST NOTIFY & HAVE SIGN-OFFS FROM ALL UTILITY COMPAINES FOR SERVICE TERMINATION (UTILITIES MUST BE TERMINATED AT THE SIDEWALK)

ALL ITEMS BELOW MUST HAVE AUTHORIZED SIGNATURES WITH TITLES & BE RETURNED TO THE BUILDING DEPARTMENT BEFORE AUTHORIZATION WILL BE GIVEN FOR DEMOLITION:

GAS COMPANY: _____

ELECTRIC COMPANY: _____

TELEPHONE COMPANY: _____

WATER DEPARTMENT: _____

SEWER DEPARTMENT: _____

BOARD OF HEALTH: _____

POLICE DEPARTMENT: _____

FIRE DEPARTMENT: _____

SUPERINTENDENT OF BUILDINGS: _____

CERTIFICATE OF EXTERMINATION MUST BE GIVEN TO BOARD OF HEALTH (5) DAYS PRIOR TO DEMOLITION



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 a 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 employees and 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> |
|---|---|

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 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 #: _____

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 #: _____