

APPLICATION
INSULATION ONLY

TOWN OF WARE, MASSACHUSETTS

413-967-9648 X180 FAX: 413-967-9627

VP ID: _____

RECEIVED: _____

FEE: _____

CK #: _____

CSL

HIC



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 9th edition
Building Permit Application to Construct, Repair, Renovate Or Demolish

DATE APPLICATION RECEIVED
AT BUILDING DEPARTMENT

THIS SECTION FOR OFFICIAL USE ONLY

Signature: _____ Date _____
Anna S. Marques, Building Commissioner

NAME OF PROPERTY OWNER (PRINT) _____

ADDRESS OF PROPERTY WHERE WORK WILL BE DONE _____

MAILING ADDRESS _____

NAME AND ADDRESS TO MAIL PERMIT TO _____

Telephone _____ Cell _____ Email _____

PROJECT: _____

TOTAL COST: \$ _____

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

FEE= \$7 PER \$1,000 ESTIMATED COST OF JOB OR PORTION THEREOF **\$40 minimum**
FEE TRIPLED if work is started without approved building permit
please pay by check or money order to Town of Ware

CONSTRUCTION SERVICES

THE FOLLOWING SECTION **MUST BE FILLED IN COMPLETELY** – PLEASE SUBMIT COPY OF CSL AND HIC LICENSE WITH EACH APPLICATION

LICENSED CONSTRUCTION SUPERVISOR

CSL NUMBER: _____ EXPIRATION _____ TYPE _____

HIC NUMBER _____ EXPIRATION: _____

TOWN BYLAW:
SIGNATURE FROM TAX COLLECTOR'S OFFICE
THAT ALL TAXES ARE PAID TO DATE

NAME _____ DATE _____

Name of CSL- Holder IF OWNER, WRITE THE WORD OWNER ABOVE

STREET

TOWN STATE ZIP

Signature

Telephone Cell Phone

IF CONTRACTOR IS APPLYING FOR BUILDING PERMIT: OWNER AUTHORIZATION TO BE COMPLETED

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.

Signature of Owner

Date

IF OWNER IS APPLYING FOR PERMIT: OWNER OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name

Signature of Owner or Authorized Agent
(Signed under the pains and penalties of perjury)

Date

PLEASE NOTE

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

CONTRACTOR'S INSULATION AFFIDAVIT
Insulation Affidavit filed in lieu of final inspection

WORKER'S COMPENSATION AFFIDAVIT

Workers Compensation Insurance Affidavit must be completed and submitted with this application M.G.L. c. 152. § 25C(6)

BUILDING DEPARTMENT HOURS

MONDAY-FRIDAY 8:00 am to 4:00 pm

413-967-9648 x 180

Anna S. Marques, Building Commissioner