

**BUILDING PERMIT APPLICATION**  
**ONE AND TWO FAMILY**  
*Work to Existing*  
**TOWN OF WARE, MASSACHUSETTS**  
 413-967-9648 x180 FAX: 413-967-9627

VP ID: \_\_\_\_\_  
 RECEIVED: \_\_\_\_\_  
 FEE: \_\_\_\_\_  
 CK #: \_\_\_\_\_  
 CSL  HIC  COI  Workers Comp



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR, 9<sup>th</sup> edition

DATE OF APPLICATION  
 \_\_\_\_\_

Building Permit Application to **Construct, Repair, Renovate** or **Demolish**

**THIS SECTION FOR OFFICIAL USE ONLY**

Signature: \_\_\_\_\_  
 Anna S. Marques, Building Commissioner Date \_\_\_\_\_

**REQUIRED INSPECTIONS:**  FOOTING  FRAMING  INSULATION  FINAL  OTHER \_\_\_\_\_

NAME OF PROPERTY OWNER (PRINT) \_\_\_\_\_ ADDRESS OF PROPERTY WHERE WORK WILL BE DONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ NAME AND ADDRESS OF WHERE TO MAIL PERMIT TO \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
**Application must be complete before submitting - It is the responsibility of the Applicant to obtain Tax Collector's signature**

**DESCRIPTION OF PROPOSED WORK (check all that apply)**

RE-ROOF <input type="checkbox"/> (Over Existing <u>One</u> Layer)  House <input type="checkbox"/> House & Garage <input type="checkbox"/>	STRIP & RE-ROOF <input type="checkbox"/>  House <input type="checkbox"/> House & Garage <input type="checkbox"/> Other <input type="checkbox"/>	WINDOWS <input type="checkbox"/>  How many? _____  Replacement <input type="checkbox"/> Re-Size <input type="checkbox"/> U-Factor _____	EXTERIOR DOORS <input type="checkbox"/>  How many? _____  Replacement <input type="checkbox"/> Re-Size <input type="checkbox"/> U-Factor _____	PORCH <input type="checkbox"/> Size ____ x ____ SF _____  DECK <input type="checkbox"/> Size ____ x ____ SF _____	SIDING <input type="checkbox"/>  House Only <input type="checkbox"/> House & Garage <input type="checkbox"/> Other: _____
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SHED   
  
Size \_\_\_\_ x \_\_\_\_  
SF \_\_\_\_\_  
  
Setbacks Required  
Front \_\_\_\_\_ ft  
Side \_\_\_\_\_ ft  
Rear \_\_\_\_\_ ft

CHECK ALL WORK BELOW  
ASSOCIATED WITH PROJECT

ELECTRICAL  
 HVAC  
 GAS PIPING  
 PLUMBING  
 NOT APPLICABLE

ESTIMATED  
START DATE  
  
\_\_\_\_\_  
  
ESTIMATED  
END DATE  
  
\_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSED WORK  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COST - FEE and SIGNATURE FROM TAX COLLECTOR**

ITEM	Estimated Costs (Labor and Materials)	SIGN OFF FROM TAX COLLECTOR THAT TAXES ARE PAID TO DATE:  _____
BUILDING	\$	<b>REQUIRED FOR EVERY BUILDING PERMIT PER TOWN BYLAW</b> <u>FEE TRIPLED IF WORKS STARTED WITHOUT APPROVED BUILDING PERMIT</u>  FEE WILL BE CALCULATED BY BUILDING COMMISSIONER, USING THE FOLLOWING FORMULA: Total SF x SF of construction cost (ICC TABLE) x Permit Fee Multiplier (0.0070) = Permit Fee  ESTIMATED DATE THAT YOU WILL START PROJECT: _____  ESTIMATED DATE THAT YOU WILL COMPLETE PROJECT: _____  <u>PLEASE PAY BY CHECK OR MONEY ORDER</u>
ELECTRICAL	\$	
PLUMBING	\$	
MECHANICAL HVAC	\$	
MECHANICAL (Fire Suppression)	\$	
TOTAL PROJECT COST	\$	

**CONSTRUCTION SERVICES**

**Licensed Construction Supervisor (CSL)**

Name of CSL- Holder

IF HOMEOWNER IS DOING WORK THEMSELVES, WRITE OWNER ABOVE

STREET

TOWN

STATE

ZIP

Signature

Telephone

Cell Phone

E-MAIL

CSL LICENSE #

EXPIRATION

TYPE OF CSL

HIC LICENSE #

EXPIRATION

- SUBMIT COPY OF CSL & HIC LICENSE WITH APPLICATION
- SUBMIT COPY OF CERTIFICATE OF LIABILITY INSURANCE
- SUBMIT COPY OF WORKER'S COMPENSATION

**IF YOU ARE THE HOMEOWNER, DOING THE WORK YOURSELF, YOU ARE REQUIRED TO FILL OUT AND SUBMIT THE WORKERS COMPENSATION AND THE HOMEOWNERS LICENSE EXEMPTION FORMS**

**IF CONTRACTOR IS APPLYING FOR BUILDING PERMIT - OWNER AUTHORIZATION**

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

**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

DATE

(Signed under the pains and penalties of perjury)

**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.**

**WORKER'S COMPENSATION AFFIDAVIT**

**PROOF OF WORKER'S COMPENSATION AND LIABILITY MUST BE SUBMITTED WITH EACH APPLICATION**

**WORKERS COMPENSATION INSURANCE AFFIDAVIT MUST BE COMPLETED AND SUBMITTED WITH THIS APPLICATION**

**M.G.L. c. 152, § 25C(6)**

**FAILURE TO PROVIDE WORKER'S COMP AFFIDAVIT WILL RESULT IN DENIAL OF THE ISSUANCE OF BUILDING PERMIT**

**BUILDING DEPARTMENT OFFICE HOURS**

Monday – Friday 8:00 am to 4:00 pm  
Anna S Marques, Building Commissioner

**PROVIDE A SKETCH OF NEW PROJECT**  
**INCLUDE HOUSE LOCATION AND ALL EXISTING SET-BACKS**  
**EXISTING STRUCTURES SHOULD BE SHOWN IN SOLID \_\_\_\_\_**  
**PROPOSED PROJECT SHOULD BE SHOWN AS DASHED - - - - -**  
**INCLUDE ALL DIMENSIONS AND SET-BACKS FROM ALL PROPERTY LINES**

REAR PROPERTY LINE

LEFT  
SIDE  
PROPERTY  
LINE

RIGHT  
SIDE  
PROPERTY  
LINE

FRONT PROPERTY LINE

**NUMBER AND NAME OF STREET:**

**780 CMR BOARD OF BUILDING REGULATIONS AND STANDARDS ADMINISTRATION**

**SITE PLAN**

A site plan shall be filed showing, to scale, the size and location of all new construction and all *existing structures* on the site, distances from *lot lines*, the established street grades and the proposed finished grades; and it shall be drawn in accordance with an accurate boundary line survey.

In the case of demolition, the site plan shall show all construction to be demolished and the location and size of all *existing structures* and construction that are to remain on the site or plot.

**CONSTRUCTION DEBRIS AFFIDAVIT**  
**(Required for all Demolition and Renovation work)**

In accordance with the provisions of MGL Chapter 40 § 54, a condition of demolition/renovation 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 Chapter 111 § 150A.

**NOTICE**

**ALL DUMPSTERS, 6 CUBIC YARDS OR GREATER, ON SITE MORE THAN TWENTY-FOUR HOURS  
(24HRS) REQUIRE PERMITS FROM THE FIRE DEPARTMENT.  
THE DUMPSTER PERMIT IS AVAILABLE THROUGH THE DUMPSTER VENDOR.**

**PLEASE INITIAL HERE THAT YOU HAVE READ THIS STATEMENT. \_\_\_\_\_**

If the debris will not be disposed as indicated, the holder of this permit shall notify the building official in writing, as to the location where the debris will be disposed.

The debris will be transported by: \_\_\_\_\_

The debris will be disposed at what facility: \_\_\_\_\_