


BUILDING PERMIT APPLICATION

ROOF COVERING ONLY

TOWN OF WARE, MASSACHUSETTS

413-967-9648 X180

VP ID _____
Received _____
Fee _____
Check No _____
<input type="checkbox"/> CSL
<input type="checkbox"/> HIC
<input type="checkbox"/> HOMEOWNER EXEMPTION
<input type="checkbox"/> WORKERS COMP
<input type="checkbox"/> TAX COLLECTOR SIGNED OFF

 <p>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</p>	<p>DATE OF APPLICATION</p> <p>_____</p>
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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 _____	ADDRESS TO MAIL PERMIT TO _____
SIGNATURE OF PROPERTY OWNER _____	
Telephone _____	Cell _____
Email _____	

STRIP and RE-ROOF
 HOUSE ONLY
 HOUSE and GARAGE
 [check all that apply]

CHECK THAT YOU WILL USE SNOW and ICE BARRIER

RE-ROOF OVER EXISTING ONE LAYER

TOTAL PROJECT COST: \$ _____

\$7 PER \$1,000 ESTIMATED COST (\$40 MIN FEE)
 FEE TRIPLED if work is started without approved building permit
 Please pay by check or money order only to Town of Ware

CONSTRUCTION SERVICES

THE FOLLOWING SECTION MUST BE FILLED IN COMPLETELY. IF OWNER IS DOING WORK – PLEASE WRITE THE WORD OWNER ON FIRST LINE

<p>LICENSED CONSTRUCTION SUPERVISOR</p> <p>_____</p> <p>Name of CSL- Holder IF OWNER, WRITE THE WORD <u>OWNER</u> ABOVE</p> <p>_____</p> <p>STREET _____</p> <p>TOWN _____ STATE _____ ZIP _____</p> <p>Signature _____</p> <p>Telephone _____ Cell Phone _____</p>	<p>CSL NUMBER: _____ EXPIRATION _____ TYPE _____</p> <p>HIC NUMBER _____ EXPIRATION: _____</p> <p style="text-align: center;">APPLICANT IS RESPONSIBLE FOR OBTAINING SIGNATURE BELOW SIGNATURE FROM TAX COLL ECTOR'S OFFICE, VERIFYING THAT ALL TAXES ARE PAID TO DATE</p> <p>_____</p> <p style="text-align: center;">Signature Tax Collector's Office Date</p>
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ESTIMATED DATE THAT YOU WILL START PROJECT: _____

ESTIMATED DATE THAT YOU WILL FINISH PROJECT: _____

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.

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.

ADDRESS OF PROJECT

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 the permit shall notify the building official in writing, as to the location where the debris will be disposed.

The debris will be transported by: _____
NAME OF HAULER

The debris will be disposed at what facility: _____

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 HOURS:

Monday – Friday 8:00 am to 4:00 pm

413-967-9648 x180

Anna S. Marques, Building Commissioner