

BUILDING APPLICATION

DECK ONLY

TOWN OF WARE, MASSACHUSETTS
413-967-9648 x180

VP ID: _____

DATE RECEIVED: _____

FEE: _____

CK #: _____

- CSL
- HIC
- HOMEOWNER EXEMPTION
- WORKERS COMP
- TAX COLLECTOR SIGNED OFF
- DRAWINGS



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

THIS SECTION FOR OFFICIAL USE ONLY

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

REQUIRED INSPECTIONS: [] FOOTING [] FRAMING [] FINAL

NAME OF PROPERTY OWNER (PRINT) _____

ADDRESS OF PROPERTY WHERE WORK WILL BE DONE _____

MAILING ADDRESS _____

Drawings must be submitted with all deck applications

TELEPHONE _____ CELL _____ EMAIL _____

PROJECT INFORMATION

SIZE: ____ X ____ = _____ SQUARE FEET HEIGHT OF DECK _____ # OF STAIRS _____

PIERS DIAMETER: _____ DEPTH: _____ DECK RAIL HEIGHT: _____ SPACING: _____

DATE THAT YOU WILL BEGIN DECK: _____ ESTIMATED DATE YOU WILL COMPLETE DECK: _____

TOTAL PROJECT COST: \$ _____

FEE TRIPLED if work is started without approved building permit – please pay by check or money order to: Town of Ware
BUILDING PERMIT FEES: \$7.00 per \$1,000 of estimated cost or portion thereof (minimum fee: \$40)

CONSTRUCTION SERVICES

LICENSED CONSTRUCTION SUPERVISOR

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

STREET _____

TOWN _____ STATE _____ ZIP _____

SIGNATURE _____

TELEPHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

CSL NUMBER _____ EXPIRATION _____ TYPE _____

HIC NUMBER _____ EXPIRATION _____

SIGNATURE FROM TAX COLLECTOR'S OFFICE
THAT ALL TAXES ARE PAID TO DATE IS REQUIRED

Tax Collector's Signature

Date

A copy of your CSL, HIC License and Worker's Comp must be
submitted with every application

OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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 or Authorized Agent

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
(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.

WORKER'S COMPENSATION AFFIDAVIT

PROOF OF WORKER'S COMPENSATION 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
8:00am to 4:00pm
413-967-9648 x180

Anna S. Marques, Building Commissioner

REQUIRED

Please submit two sets of plans, showing: footing, framing, dimensions, connection to house, railings and all property boundary set-backs.

Please write the name of the homeowner and the street address on each plan.