


BUILDING PERMIT APPLICATION

DEMO

TOWN OF WARE, MASSACHUSETTS

413-967-9648 X180

VP ID _____
 FEE: _____
 RECEIVED: _____
 CK #: _____
 DEMO SIGNATURE FORM

 <p>The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 9th edition</p> <p>Building Permit Application to Construct, Repair, Renovate or DEMOLISH</p>	DATE OF APPLICATION _____ _____
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THIS SECTION FOR OFFICIAL USE ONLY

Signature: _____
 Anna S. Marques, Building Commissioner

Date of Approval _____

REQUIRED INSPECTIONS: FINAL

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

MAILING ADDRESS _____

ADDRESS WHERE YOU WANT PERMIT TO BE MAILED TO _____

Telephone _____ Cell _____ Email _____

DESCRIPTION OF PROPOSED WORK (check all that apply)

ESTIMATED START DATE	DESCRIPTION OF PROPOSED WORK
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COST – FEE and SIGNATURE FROM TAX COLLECTOR

ITEM	Estimated Costs (Labor and Materials)	TOWN BY-LAW: SIGNATURE FROM TAX COLLECTOR'S OFFICE, VERIFYING THAT <u>ALL</u> TAXES ARE PAID TO DATE
BUILDING	\$	FEE IS \$7 PER THOUSAND ESTIMATED COST <u>OR</u> PORTION THEREOF - \$40 MINIMUM FEE <u>TRIPLED</u> IF WORK STARTED WITHOUT <u>APPROVED</u> BUILDING PERMIT PLEASE PAY BY <u>CHECK</u> or <u>MONEY ORDER</u> TO: <u>TOWN OF WARE</u>
ELECTRICAL	\$	
PLUMBING	\$	
MECHANICAL HVAC	\$	
MECHANICAL (Fire Suppression)	\$	
TOTAL 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

EMAIL

CSL LICENSE #

EXPIRATION

TYPE OF CSL

HIC LICENSE #

EXPIRATION

SUBMIT COPY OF CSL LICENSE WITH APPLICATION
SUBMIT COPY OF WORKER'S COMP

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

(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

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

BUILDING PERMIT FEES

\$7.00 per \$1,000 of estimated cost or portion thereof (minimum fee: \$40.00)

BUILDING DEPARTMENT OFFICE HOURS

Monday – Friday

8:00 am to 4:00 pm

413-967-9648 X180

Anna S. Marques, Building Commissioner

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

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 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: _____



TOWN OF WARE

Building & Inspection Services
126 Main Street, Ware, Massachusetts 01082
t. 413.967.9648 ext. 180

REQUIRED CHECKLIST TO RECEIVE A DEMOLITION PERMIT FROM TOWN OF WARE BUILDING DEPARTMENT

Please fill in the information below and submit with the Building Permit Application.

ADDRESS AND DESCRIPTION OF BUILDING TO BE DEMOLISHED: Assessor's Parcel ID _____

WHAT YEAR WAS BUILDING BUILT _____
USE OF BUILDING _____
NUMBER OF UNITS _____

HISTORICAL COMMISSION (DEMO DELAY BY-LAW) Signature/Comments: _____

BOARD OF HEALTH Signature/Comments: _____

Single-Family or Apartment Building
Less than 4 Units

1. Disposal site for debris listed on permit
2. Asbestos clearance

Commercial, Institutional or Apartment Building
4 or + Units

1. Disposal site for debris listed on permit
2. Asbestos Clearance
3. Copy of filing an Air Pollution Notification with DEP

POLICE DEPARTMENT – PROTECTION OF PEDESTRIANS: _____

FIRE DEPARTMENT – CHIEF [PLACEMENT OF DUMPSTER]: _____

CONSTRUCTION DEBRIS AFFIDAVIT

In accordance with provisions of MGL C40, S54, a condition of demolition/renovation permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, S150A.

Debris to be transported by [Print Name of Hauler]: _____

Debris to be disposed at what facility: _____

By signing, you are attesting under the pains and penalties of perjury that the following is true and accurate.

Signature of Applicant: _____

For the demolition of structures, the Building Permit Applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

The Building Permit Applicant attests under the pains and penalties of perjury that the following is true and accurate.

For the above described property, the following actions were taken:

DPW (WATER/SEWER): VERIFYING ALL SERVICE ARE DISCONNECTED

Water Shut Off? Yes No Sewer Shut Off? Yes No

DPW Director Signature _____

Comments _____

GAS COMPANY (PROPANE): SUBMIT PROOF THAT ALL GAS SERVICE ARE DISCONNECTED

Gas Shut Off Yes No

Provider notified and Release obtained? Yes No

NATIONAL GRID: SUBMIT PROOF THAT ALL ELECTRIC SERVICE ARE DISCONNECTED

Electricity Shut Off? Yes No

Provider notified and Release obtained? Yes No

CABLE / TELEPHONE / INTERNET: SUBMIT PROOF THAT ALL SERVICES ARE DISCONNECTED

Cable Turned Off? Yes No

Phone/Internet Disconnected? Yes No

DIG SAFE: DIG SAFE JOB NUMBER _____ Dated _____

ASBESTOS SURVEY OF STRUCTURE:

Hazardous Material? Yes No

Clearance Certificate from Asbestos Removal Company? Yes No

EXTERMINATING: MUST BE COMPLETED PRIOR TO STARTING DEMO – AT B.O.H. Discretion

Letter or Bill from Exterminating Company or Contractor Provided? Yes No

DEPARTMENT OF ENVIRONMENTAL PROTECTION: VERIFY WITH CONSERVATION DEPARTMENT

Does the Site have any open DEP / Conservation Permits? Yes No

Copy of filing an Air Pollution Notification with DEP? Yes No

LICENSE CONTRACTOR'S INFORMATION:

Name of Contractor _____ Phone Number _____

License Number _____ Emergency Phone Number _____

Worker's Comp Certificate Provided? Yes No Liability Insurance Provided? Yes No

Copy of Contract Provided? Yes No

OTHER (if applicable) _____ Provider notified and Release obtained? Yes No

OTHER (if applicable) _____ Provider notified and Release obtained? Yes No