



TOWN OF WEST BRIDGEWATER BUILDING PERMIT APPLICATION

Permit No: _____

Building Department Use Only

Date Received _____

Fee: _____

Approved for Issuance: Y/N _____

Building Commissioner

Date

Location of proposed work: Map & Parcel _____

Street Address _____

Name of Property Owner _____

Phone NO. _____

Email Address _____

Clerk /Payment received stamp

Contractor's Information:

Name of Contractor _____ Phone # _____

Address _____ Email Address _____

CSL license # _____ Home Improvement # _____

DESCRIPTION OF PROPOSED WORK (Please Check One Box)

- Commercial Commercial Addition Commercial Alteration
- New 1or 2 Family Home Residential Addition Residential Alteration
- Above Ground Pool In-Ground Pool Deck Roofing Siding
- Shed Demolition Mechanical / Sheet Metal Other _____

Provide a complete description of work. _____

Estimated Building Cost: \$ _____ (please round to nearest thousand)

Estimated Construction Cost: (Including Building, Electrical, Plumbing, Gas & Mechanicals) \$ _____

Debris Disposal Affidavit - 780 CMR 9th Edition, section 105.3.1 item 4

Every city or Town shall require, as a condition of issuing a building permit or license for the demolition, renovation, rehabilitation or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation or alteration be disposed of in a properly licensed solid waste disposal facility, as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris is to be disposed. If for any reason, the debris will not be disposed of as indicated, the permittee or licensee shall amend the permit or license to so indicate.

The debris will be disposed at _____

Address of waste facility _____

Signature of Permit Applicant _____ Date: _____

Home Improvement - Homeowner Waiver:

Owners securing their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL C142A. If you wish to waive your rights to file a claim under the arbitration program or guaranty fund, then sign here.

Homeowner Signature

Date

Application Declaration:

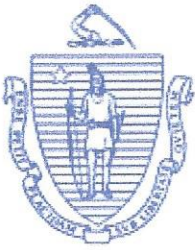
I (we) the undersigned, as permit applicant (s), hereby declare that the statements and the information on the foregoing application are true and accurate to the best of my knowledge and belief. **Signed under the pains and penalties of perjury.**

Owner Signature

Date

Construction Supervisor Signature

Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____

Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____