

COMMERCIAL ONLY – BUILDING PERMIT
APPLICATION REGULATORY APPROVALS NOTICE

Address of Proposed Work: _____

Scope of Proposed Work: _____

Date: _____

Based on the scope of work described above, the applicant is required to obtain approval sign-offs from the following departments as checked-of below:

____ Health Dept. –508-398-2231 ext. 1241

____ Conservation – 508-398-2231 ext. 1288

____ Water Dept. – 99 Buck Island Road, 508-771-7921

____ Old Kings HWY. Hist. Comm. – 508-398-22631 ext. 1292

____ Engineering Dept. – 508-398-2231 ext. 1250

____ Fire Dept. – Kevin Huck/Scott Smith, 96 Old Main Street, SY

Note: Please call Fire Department for an appointment. 508-398-2212

____ Other

Appropriate plans and/or application shall be provided to each departments checked-off above. Each of these regulatory authorities has their own requirements outside the jurisdiction of the Building Department. **All applicable approvals shall be obtained prior to submitting a building permit application to the Building Dept.**

Thank you for your cooperation.

Receipt Acknowledgement:

Applicant's Signature Date



BUILDING PERMIT APPLICATION

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE, OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING.

Town of Yarmouth Building Department

1146 Route 28 • Yarmouth, MA 02664-1492

Tel: **508-398-2231 ext. 1261** Fax **508-398-0836**

<p style="text-align: center;">Office Use Only</p> Permit No. _____ Date _____ Permit Fee \$ _____ Deposit Rec'd. \$ _____ Date _____ Net Due \$ _____	<p style="text-align: center;">Planning Board Information</p> Plan Type _____ Endorsement Date _____ Recording Date _____ Plan No. _____ Other _____	<p style="text-align: center;">Assessors Department Information:</p> <div style="text-align: center;"> Map _____ Lot _____ _____ New _____ </div> 1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____ Lot Coverage _____
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This Section for Office Use Only

Building Permit Number: _____	Date Issued: _____
Signature: _____ Building Official _____ Date _____	Certificate of Occupancy is _____ is not _____ required

Section 1 - Site Information

1.1 Property Address: _____ _____ _____	1.2 Zoning Information: _____ Zoning District _____ Proposed Use _____																		
1.3 Building Setbacks (ft) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yards</th> <th colspan="2">Rear Yard</th> </tr> <tr> <td>Required</td> <td>Provided</td> <td>Required</td> <td>Provided</td> <td>Required</td> <td>Provided</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided						
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
1.4 Water Supply (M.G.L. c. 40. § 54) Public _____ Private _____	1.5 Flood Zone Information: Zone: _____ BFE: _____ Comments: _____																		

Section 2 - Property Ownership/Authorized Agent

2.1 Owner of Record: Name (print) _____ Mailing Address: _____ Signature _____ Telephone _____ Telephone _____ Email Address: _____			
2.2 Authorized Agent: Name (print) _____ Mailing Address: _____ Signature _____ Telephone _____ Fax _____ Email Address: _____			

Section 3 - Construction Services

3.1 Licensed Construction Supervisor: _____ Address _____ Signature _____ Telephone _____ Email Address: _____	Not Applicable <input type="checkbox"/> License Number _____ Expiration Date _____
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3.2 Registered Home Improvement Contractor:

Company Name	Not Applicable <input type="checkbox"/>
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Section 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 S 25C (6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes No

Section 5 - Professional Design and Construction Services - for Buildings and Structures Subject to Construction Control Pursuant to 780 CMR 116 (containing more than 35,000 c.f. of enclosed space)

Section 5.1 Registered Architect:

Name (Registrant):	Not Applicable <input type="checkbox"/>
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Section 5.2 Registered Professional Engineer(s)

Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Name	Area of Responsibility
Address	Registration Number
Signature _____ Telephone _____	Expiration Date

Section 5.3 General Contractor

Company Name	Not Applicable <input type="checkbox"/>
Person Responsible for Construction	
Address	
Signature _____ Telephone _____	

Section 6 - Description of Proposed Work (check all applicable)

New Construction (for multiple family only) No. of Bedrooms _____ (for multiple family only) No. of Bathrooms _____

Existing Bldg. Repair(s) Alterations Addition

Accessory Bldg. Type _____ Demolition _____ Other _____ Specify: _____

Brief Description of Proposed Work:

Section 7 - Use Group and Construction Type

Building Use Group (Check as applicable)					Construction Type	
A ASSEMBLY	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/>	
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B <input type="checkbox"/>	
B BUSINESS	<input type="checkbox"/>				2A <input type="checkbox"/>	
E EDUCATIONAL	<input type="checkbox"/>				2B <input type="checkbox"/>	
F FACTORY	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C <input type="checkbox"/>	
H HIGH HAZARD	<input type="checkbox"/>				3A <input type="checkbox"/>	
I INSTITUTIONAL	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B <input type="checkbox"/>	
M MERCHANTILE	<input type="checkbox"/>				4 <input type="checkbox"/>	
R RESIDENTIAL	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A <input type="checkbox"/>	
S STORAGE	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B <input type="checkbox"/>	
U UTILITY	<input type="checkbox"/>					
M MIXED USE	<input type="checkbox"/>					
S SPECIAL USE	<input type="checkbox"/>					

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

Complete this section if existing building undergoing renovations, additions and/or change in use.

Existing Use Group: _____ Proposed Use Group: _____

Existing Hazard Index 780 CMR 34 _____ Proposed Hazard Index 780 CMR 34 _____

Section 8 Building Height and Area

Building Area	Existing (if applicable)	Proposed
Number of floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area All Floors (sf)		
Total Height (ft)		

Section 9 - STRUCTURAL PEER REVIEW (780CMR 110 11)

Independent Structural Engineering Structural Peer Review Required Yes No

SECTION 10a 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 _____ Date _____

SECTION 10b OWNER/ AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner/Agent _____

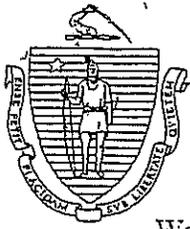
Date _____

Section 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant
1. Building	
2. Electrical	
3. Plumbing / Gas	
4. Mechanical (HVAC)	
5. Fire Protection	
6. Total = (1 + 2 + 3 + 4 + 5)	
7. Total Square Ft. (for new structures & additions)	

Check Below

- Conservation-Commission Filing
(if applicable)
- Old Kings Highway & Historical
Commission approval
(if applicable)



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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. ‡
- 6. 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.]

Type of project (required):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____

TOWN OF YARMOUTH
1146 Route 28, South Yarmouth, MA 02664
508-398-2231 ext. 1261 Fax 508-398-0836
Office of the Building Commissioner

BUILDING DEPARTMENT

DEMOLITION DEBRIS DISPOSAL AFFIDAVIT

Pursuant to M.G.L. Ch. 40, §54 and 780 CMR - Section 105.3.1. #4.

I hereby certify that the debris resulting from the proposed work/demolition to be

conducted at _____

Work Address

Is to be disposed of at the following location: _____

Said disposal site shall be a licensed solid waste facility as defined by M.G.L.
Ch. 111, §150A.

Signature of Application

Date

Permit No.

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia