



City of Woburn

Inspectional Services

Phone 781-897-5840 Fax 781-897-5849

This section for official use only	
Permit #	
Date:	
Fee:	
<input type="checkbox"/> Check	<input type="checkbox"/> Cash

Building Permit Application (Other than One or Two Family Dwelling).

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. Location, ownership, and detail must be correct, complete, and legible. A separate application is required for every structure. **All applicable signatures are required and must be original.** Plans, where applicable, must be filed with this application together with a plot plan showing existing and proposed structures, all setbacks, driveways, turnaround, water and sewer lines, and existing and proposed grades.

Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A".

This Section For Official Use Only.									
Signature							Date		
Building Commissioner/Building Inspector									
Section 1 - Site Information									
Property Address						Map	Block	Lot	
Zoning District	Proposed use per Woburn Ordinance Zoning Table of Use 5.1				Tenant			Phone	
Was a Special Permit Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No					Was a Variance Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Building Setbacks									
Front Yard			Side Yard(s)			Rear Yard			
Required/ Provided									
Lot Area(sf)			Lot Coverage %			Frontage (ft)			
Is the Proposed work in or near a wetland? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Has a Determination of Applicability been issued by the Conservation Commission or MassDEP? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Has an Order of Conditions been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No DEP file Number: _____									
Section 2 - Property Owner									
Name							Phone		
Address							City	State	Zip
Section 3 - Authorized Agent (If other than owner applying, also complete section 13)									
Name							Phone		
Address							City	State	Zip
Section 4 - Licensed Construction Supervisor									
							License Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:		
Name							Phone Number		
First	Middle	Last							
Address							License Number (include lic. type, i.e. CSSL, CSFA, etc.)		
City							State	Zip	
Signature							Expiration Date		
Section 5- Registered HIC (If owner occupied 1 to 4 family dwelling)									
							Registration Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:		
Name							Phone Number		
First	Middle	Last							
Address							Registration Number		
City							State	Zip	
Signature							Expiration Date		

Property Address:

same as per section 1

Section 6 - Professional design and construction services. For buildings and structures subject to construction control per 780 CMR, containing greater than 35,000 cubic feet of enclosed space, also include an initial construction control document for each area of responsibility.

Registered Architect

Name First Middle Last	Registration Number
Address City State Zip	Area of Responsibility
Signature	Phone

Registered Professional Engineer

Name First Middle Last	Registration Number
Address City State Zip	Area of Responsibility
Signature	Phone

Registered Professional Engineer

Name First Middle Last	Registration Number
Address City State Zip	Area of Responsibility
Signature	Phone

Registered Professional Engineer

Name First Middle Last	Registration Number
Address City State Zip	Area of Responsibility
Signature	Phone

Registered Professional Engineer

Name First Middle Last	Registration Number
Address City State Zip	Area of Responsibility
Signature	Phone

Registered Professional Engineer

Name First Middle Last	Registration Number
Address City State Zip	Area of Responsibility
Signature	Phone

General Contractor

Company Name	Responsible person in charge of construction
Address City State Zip	
Signature	Phone

Property Address:

same as per section 1

Section 7 - Description of Proposed Work

New Construction Repair(s) Roofing Change of Use
 Accessory Structure Alterations Siding Other : _____
 Addition Demolition Tenant Fit-Up / Alteration

Brief Description of Proposed Work:

Section 8 – Use Group and Construction Type

Use Group – Check all that apply		New Use Group(if change of use) – Check all that apply	
A - Assembly	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	
B - Business	<input type="checkbox"/> B	<input type="checkbox"/> B	
E - Educational	<input type="checkbox"/> E	<input type="checkbox"/> E	
F - Factory	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2	
H - High hazard	<input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5	<input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5	
I - Institutional	<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4	<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4	
M - Mercantile	<input type="checkbox"/> M	<input type="checkbox"/> M	
R – Residential	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4	
S - Storage	<input type="checkbox"/> S-1 <input type="checkbox"/> S-2	<input type="checkbox"/> S-1 <input type="checkbox"/> S-2	
U – Utility/ Misc.	<input type="checkbox"/> U	<input type="checkbox"/> U	

Construction Type: IA IB IIA IIB IIIA IIIB IV VA VB

Section 9 – Building Height and Area

	Existing	Proposed
Number of floors or stories (including basement levels)		
Floor area per floor (sf)		
Total area (sf)		
Total Height (ft)		

Section 10 – Structural Peer Review (780 CMR 105.9)

Independent structural engineering peer review required Yes No

Section 11 – Structural Testing (780 CMR 17)

Structural testing program Yes No

If “Yes” the approved agencies shall provide written documentation to the building official demonstrating the competence and relevant experience of the special inspectors who will perform the special inspections and tests during construction.

Section 12 – Estimated Construction Costs

Item	Estimated Cost	Official Use Only	
Building		(a) Building permit fee multiplier	
Electrical		(b) Estimated cost of construction	
Plumbing		Building permit fee (a)x(b)	
Mechanical		Check number	
Fire Protection		Paid <input type="checkbox"/> Check #	Cash <input type="checkbox"/>
Total:			

Property Address: same as per section 1

Section 13 Owner's Authorization – To be completed when owner's agent or contractor applies for building permit.

I, name of owner as per Section 2 as owner of the subject property, hereby authorize name of agent as per Section 3 to act on my behalf, in all matters relative to work authorized by this permit application.

Signature of Property Owner

Date

Section 14 - Owner / Authorized Agent Declaration

I, name of agent as per Section 3 or owner per Section 2 if no agent, as Owner/Authorized Agent, hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge or belief. Signed under the pains and penalties of perjury. False statements will result in the revocation of permit. The undersigned assumes all responsibility for compliance with the State Building Code and other applicable codes, ordinances, bylaws, rules, and regulations of the City of Woburn. Permits shall be void after six months of issue unless construction has commenced.

Signature of Owner/Agent

Date

Section 15- Debris Disposal (M.G.L. c40, s54)

In accordance with M.G.L. c40 s54, a condition of the building permit is that debris resulting from this permit be disposed of in a properly licensed solid waste facility as defined by M.G.L c111, s150A.

The debris will be disposed in: name and location of facility

Section 16 - City Agency Approvals

<input type="checkbox"/> Public Works Department For water and sewer connections	<input type="checkbox"/> Engineering Department
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Historical Commission For Demolition of structure(s)
<input type="checkbox"/> Board of Health	<input type="checkbox"/> Plumbing Inspector For compliance with State Plumbing Code and associated regulations.
<input type="checkbox"/> Conservation Commission For all work disturbing earth	<input type="checkbox"/> Other
<input type="checkbox"/> Planning Department For new subdivisions or ANR plan	

Worker Compensation Insurance Affidavit (M.G.L. c152, s25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with the application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Attached? Yes No

Certification of Treasurer/Collector

Certification of Treasurer/Collector must be completed, endorsed by the Treasurer/Collector and, submitted with the application before it will be accepted for review. Attached? Yes No



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 #: _____

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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40,§57; WMC 3-24)

Office Use Only: DEPARTMENT

NOTE - ALL LINES MUST BE COMPLETED BY APPLICANT.

1. Parcel which directly relates to the application filed. (*This numeric Parcel I.D. can be found: on the tax bill, or in Street Listing Records at the Building or Assessor's office. Web: <http://data.visionappraisal.com/WoburnMA/>.*)

(Example I.D.: 12-34-56) Map _____ Block _____ Lot _____

2. Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties within the city of Woburn?

Circle one: NO YES

A beneficial interest can be as an individual, partnership, trust, LLP, LLC etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____ Block _____ Lot _____
Map _____ Block _____ Lot _____

3. **Property Address where permit is sought:** _____
Real Estate Owner Name(s): _____
Real Estate Owner(s) Legal Business Name (if any): _____
Real Estate Owner's Residential Address (if different): _____
Telephone Number: _____

Tenant/Lessee Name: _____
Legal Business Name (if any): _____
Tenant's Address: _____ Telephone Number: _____

4. **Check one:** Residential Individual/Sole Proprietor Corporation
 Trust LLC/LLP Other _____

5. I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

Date Signature of Applicant Property Owner or Tenant (Not contractor)

Title Print Name

(For Office Use Only)

CERTIFICATION OF TREASURER/COLLECTOR

The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

EXPIRES: _____

Certification Date

Treasurer/Collector

*** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ***

For copies of this form: <http://www.cityofwoburn.com/index.asp?nid=279>