



# City of Woburn

## Inspectional Services

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

Permit #
Date:
Fee:
<input type="checkbox"/> Check <span style="float: right;"><input type="checkbox"/> Cash</span>

### Residential One and Two Family short form Building Permit Application.

**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.

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	

Application for: <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Insulation <input type="checkbox"/> Replacement Window(s)/Door(s)	Estimated Cost
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#### Site Information

Property Address	Assessor's Map Block, Lot Number
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Number of Families <input type="checkbox"/> One <input type="checkbox"/> Two	Zoning District
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#### Property Owner

Name	Address
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Signature	Phone
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#### Authorized Agent

Name	Address
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Signature	Phone
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#### Licensed Construction Supervisor

License Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
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Name	Phone Number
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Address	License Number
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Signature	Expiration Date
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#### Registered Home Improvement Contractor

Registration Verified <input type="checkbox"/> Yes <input type="checkbox"/> No Initials:
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Name	Phone Number
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Address	Registration Number
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Signature	Expiration Date
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#### Debris Disposal — In accordance with the provisions of M.G.L c40, s54, A condition of the building permit is that debris resulting from this permit shall be disposed of in a properly licensed solid waste facility as defined by M.G.L. c111, s150A

Facility Name	Address
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I, \_\_\_\_\_, as owner/Authorized Agent hereby declare 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 responsibilities for compliance with the State Building code and other applicable codes, ordinances, by-laws, rules and regulations of the City of Woburn. Permits shall become void six months after date of issue unless construction has commenced.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**WARNING: HOMEOWNERS WHO CONTRACT WITH AN UNREGISTERED CONTRACTOR DO NOT HAVE ACCESS TO THE GUARANTY FUND (M.G.L. c 142A)**



**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 an 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 attach 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."

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## 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.

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## 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.

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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](http://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>