Town of Dunstable
APPLICATION FOR BUILDING PERMIT

NOTE: Plot plan with location of building, driveway, water & sewer system must accompany application.

Penalty for failure to obtain permit before commencement of construction -$5.00 per day
*****SEE PENALTIES IMPOSED BEGINNING SEPTEMBER 9, 1989*****

1. Name of Applicant/Property Owner Date Application/Permit No.

2. Address of Applicant Telephone No.

3. Name of Builder[1] (or Owner) if differs from #1 Address & Telephone No.

4. Location of Property N-S-E-W side of street Name of Subdivision if applicable

5. Lot No. Map No. Registry of Deeds Ref. (book/page etc.)

6. Former Owner Part of Former Lot #, if applicable

7. Description of Lot Size-acreage or square feet (Circle One)

8. Bodies of Water or Wetlands on Lot or Abutting Lots (Describe)

9. Zoning District

10. Setbacks: Front Rear Left Right

11. Type of Work (a) New Building (b) Addition (sq. ft.)
(c) Alteration (d) Other (Describe)

APPLICATION MUST BE TYPED OR PRINTED IN INK – APPLICATIONS COMPLETED IN PENCIL WILL NOT BE ACCEPTED. <u>INSURANCE AFFIDAVIT</u> MUST BE ATTACHED/ENCLOSED.

Contractor's signs are prohibited

[1] ATTACH COPY OF CURRENT BUILDER'S LICENSE

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12. Purpose of building: (a) Personal Residence (b) Other — Describe

_____

13. Material of Foundation Construction Thickness

_____

14. Material of Building Construction

_____

15. If a Dwelling:

(a)	# of Bedrooms	_____	(b)	# Baths/Lavatories	_____
(c)	# of Rooms (Total)	_____	(d)	# of Family Units	_____
(e)	#. of Stories	_____	(f)	# Garbage Disp.	_____
(g)	Size of Bldg _____	sq. ft.	(h)	Height of Bldg.	_____
(i)	# of Fireplaces	_____	(j)	Type of Heat	_____

(k) Garage - #vehicles _____ Attached ☐ Basement ☐ Detached ☐

16. Building to be erected on solid or filled land: (define) _____

17. Water Supply: Town Water ☐ New Well ☐ Existing Well ☐
Approved Source? Yes ☐ No ☐

18. Sewer System: New _____ Reconstructed _____

19. Total Estimated Cost of Construction: _____

20. Permit Fee: Amount $_____ Date Paid: _____

21. I hereby certify that the building will conform to the requirements of the law as required by rules and regulations of the Building, Wiring, Gas & Plumbing Inspectors. Board of Health, Zoning Board of Appeals, Board of Selectmen, Road Commissioners, Water Commission and Fire Department, and all applicable town by laws.

_____ Date _____
SIGNATURE OF APPLICANT

APPROVED BY _____ DATE _____
BUILDING INSPECTOR

REJECTED BY _____ DATE _____
BUILDING INSPECTOR

Detail of reason for rejection: _____

_____

Any fee in excess of $50.00 must be in the form of cash, certified or bank check or money order.

Plan Reference: _____

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Permit Checklist for New Construction

Note: Before a building permit can be issued for new construction, the following boards must sign off on this list indicating that their requirements have been met by the applicant.

	Dept. Signature	Date
Street Number [2]		
Board of Health		
Zoning Board of Appeals (if applicable)[3]		
Planning Board		
Conservation Commission		
Fire Department		
Highway Department		

Is an Order of Conditions required by Dunstable Conservation Commission?
Yes ☐ No ☐ ***Cons. Comm. official please initial & date*** _____

Is a Scenic Roads hearing required for removal or adjustment of stonewall, etc.
Yes ☐ No ☐ ***Planning Board official please initial & date*** _____

Must any excess material be removed from building site?
Yes ☐ No ☐ ***Applicant's signature*** _____

Is lot exempt from Growth Rate Limitation provisions of Dunstable's Zoning Bylaw?
Yes ☐ No ☐ ***Planning Board official please initial & date*** _____

Are there or will there be any special permits or variances applied to the deed of the property?
Yes ☐ No ☐ ***Applicant's signature*** _____

Are all local taxes, fees, assessments, betterments & any other municipal charges paid?
Yes ☐ No ☐ ***Tax Collector's office please initial & date*** _____

INSPECTION APPROVALS

Building Inspector	Date	Wiring Inspector	Date
Foundation			
Rough Frame			
Insulation			

Heating Inspector (Fire Chief)	Date	Plumbing Inspector	Date

Smoke Detector & Inspector _____ **Date:** _____

Highway Department _____ **Date:** _____

If rejected, state date, reason and board rejecting:

_____

[2] **Issued by Board of Assessors**

[3] **Special permits, undersized lots, variances, etc.**

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:

1. ☐ I am a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
5. ☐ 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):

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 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

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