



# TOWN OF NATICK

13 East Central Street, Natick, MA 01760  
Pursuant to Massachusetts State Building Code (780 CMR) Eighth Edition  
Express Building Permit Application  
*Commercial*

Express  
**Commercial**  
Specialty Permit  
Application

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

\_\_\_\_\_  
Building Official (Print Name) Signature Date

### SECTION 1: SITE INFORMATION

#### 1.1 Property Address:

#### 1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_  
Map Number Parcel Number

### SECTION 2: PROPERTY OWNERSHIP

#### 2.1 Owner<sup>1</sup> of Record:

\_\_\_\_\_  
Name (Print) City, State, ZIP

\_\_\_\_\_  
No. and Street Telephone Email Address

### SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

Kiosk  Sign  Temp CO  Tent  Temp Trailer

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Total Project Cost:	\$ _____	

### SECTION 5: CONSTRUCTION SERVICES

#### 5.1 Construction Supervisor License (CSL)

\_\_\_\_\_  
Name of CSL Holder

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City/Town, State, ZIP

\_\_\_\_\_  
Telephone Email address

\_\_\_\_\_  
License Number Expiration Date

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

#### 5.2 Registered Home Improvement Contractor (HIC)

\_\_\_\_\_  
HIC Company Name or HIC Registrant Name

\_\_\_\_\_  
No. and Street

\_\_\_\_\_  
City/Town, State, ZIP Telephone

\_\_\_\_\_  
HIC Registration Number Expiration Date

\_\_\_\_\_  
Email address

**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 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 7a: 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.

\_\_\_\_\_  
Print Owner's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
Print Owner's or Authorized Agent's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTES:**

Note: This application is for a Building permit. Plumbing and/or Wiring permits may also be required.

<p>Town of Natick Building Department 13 East Central Street, Natick, MA 01760 Phone: 508-647-6450 Fax: 508-647-6444 <a href="http://www.natickma.gov/156/Building-Department">www.natickma.gov/156/Building-Department</a></p>	<p>Building Department Hours: Monday: 8am-5pm Tuesday: 8am-5pm Wednesday: 8am- 5pm Thursday: 8am-7pm Friday: 8am-12:30pm</p>
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TOWN OF NATICK - OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: (508) 647-6450 Fax: (508) 647-6444

**ESTIMATED COST OF CONSTRUCTION DOCUMENT**

In accordance with the provisions of the Massachusetts State Building Code, Eight Edition, Section 105.3, the total estimated cost of the construction including all related construction costs\* of the building located at: \_\_\_\_\_

Estimated Cost Amounts to \$ \_\_\_\_\_ Date: \_\_\_\_\_

Final Cost Amounts to \$ \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, being the person referred to as the owner identified below, do solemnly swear that the statements herein are strictly true and correct and made in good faith.

\*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including; Demolition, H.V.A.C, Plumbing, Electrical, Fire Protection, Painting, Carpeting, Landscaping and Site Improvements.

Furnishings and portable equipment are not part of the total construction costs; however, a separate fixturing permit must be obtained prior to commencement work/

Signature of Owner: \_\_\_\_\_

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**DEBRIS AFFIDAVIT**

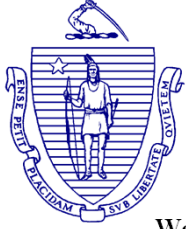
JOB SITE LOCATION: \_\_\_\_\_

In accordance with the provisions of MGL c40, §54, a condition of Building Permit Number \_\_\_\_\_ is that debris from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111,2 §150A.

Name and Location of Facility: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_



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 #: \_\_\_\_\_

# 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.

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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](http://www.mass.gov/dia)