



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

TOWN OF  
AGAWAM

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

*Revised  
Mar 2011*

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:**

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

**1.2 Assessors Map & Parcel Numbers**

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

**Zoning Information:**

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

**Property Dimensions:**

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

| Front Yard |          | Side Yards |          | Rear Yard |          |
|------------|----------|------------|----------|-----------|----------|
| Required   | Provided | Required   | Provided | Required  | Provided |
|            |          |            |          |           |          |

**1.6 Water Supply:** (M.G.L c. 40, §54)

Public  Private

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes

**1.8 Sewage Disposal System:**

Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**Owner<sup>1</sup> of Record:**

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

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

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only  |
|----------------------------------|---|--|
| 1. Building                      | \$ _____                                  | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> Standard City/Town Application Fee<br><input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____<br>2. Other Fees: \$ _____<br>List: _____<br>Total All Fees: \$ _____<br>Check No. _____ Check Amount: _____ Cash Amount: _____<br><input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____ |
| 2. Electrical                    | \$ _____                                  |  |
| 3. Plumbing                      | \$ _____                                  |  |
| 4. Mechanical (HVAC)             | \$ _____                                  |  |
| 5. Mechanical (Fire Suppression) | \$ _____                                  |  |
| 6. Total Project Cost:           | \$ _____                                  |  |

**SECTION 5: CONSTRUCTION SERVICES**

| <p><b>Construction Supervisor License (CSL)</b></p> <p>_____</p> <p>Name of CSL Holder _____</p> <p>_____</p> <p>No. and Street _____</p> <p>_____</p> <p>City/Town, State, ZIP _____</p> <p>_____</p> <p>_____</p> <p>Telephone _____ Email address _____</p> | <p>_____</p> <p>License Number _____ Expiration Date _____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry</td> </tr> <tr> <td>RC</td> <td>Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Window and Siding</td> </tr> <tr> <td>SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td>I</td> <td>Insulation</td> </tr> <tr> <td>D</td> <td>Demolition</td> </tr> </tbody> </table> | 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 |
|--|--|------|-------------|---|---|---|--------------------------------|---|---------|----|------------------|----|-------------------|----|-------------------------------|---|------------|---|------------|
| 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   |      |             |   |   |   |                                |   |         |    |                  |    |                   |    |                               |   |            |   |            |

|   |   |
|---|---|
| <p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name _____</p> <p>_____</p> <p>No. and Street _____</p> <p>_____</p> <p>City/Town, State, ZIP _____ Telephone _____</p> | <p>_____</p> <p>HIC Registration Number _____ Expiration Date _____</p> <p>_____</p> <p>Email address _____</p> |
|---|---|

**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 (Electronic 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 (Electronic Signature) \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**

An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

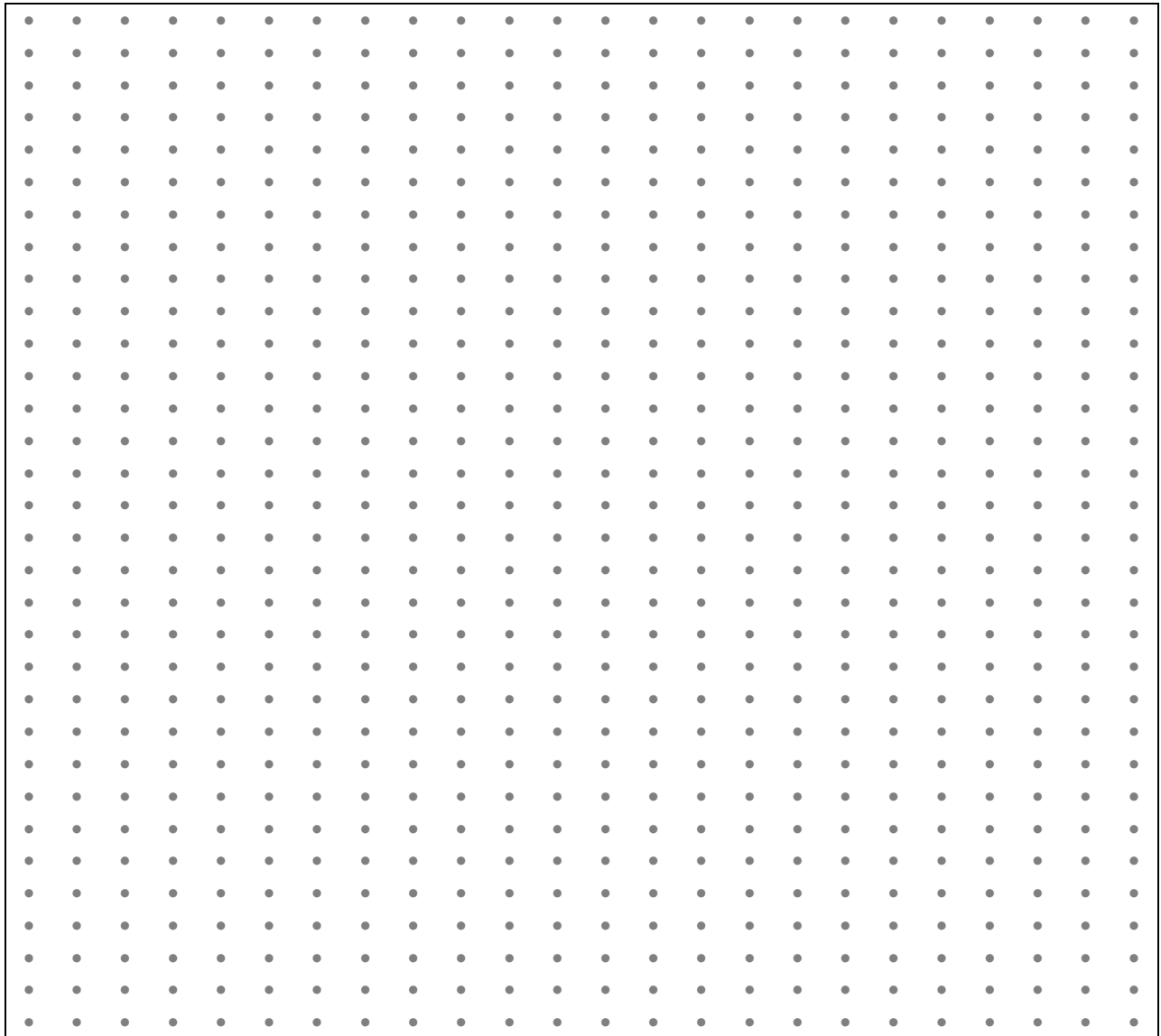
When substantial work is planned, provide the information below:

|   |                                |
|---|--------------------------------|
| Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch) | Habitable room count _____     |
| Gross living area (sq. ft.) _____   | Number of bedrooms _____       |
| Number of fireplaces _____  | Number of half/baths _____     |
| Number of bathrooms _____   | Number of decks/ porches _____ |
| Type of heating system _____  | Enclosed _____ Open _____      |
| Type of cooling system _____  |                                |

“Total Project Square Footage” may be substituted for “Total Project Cost”

**Plot Plan**

*Show all structures on lot existing or proposed*



**Front Property Line**

**Please indicate setbacks for all proposed work**



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 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 (check one):

1.  Board of Health 2.  Building Department 3.  City/Town Clerk 4.  Electrical Inspector 5.  Plumbing Inspector 6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_