



CITY OF FITCHBURG

Building Department
166 Boulder Drive, Fitchburg, MA 01420
978-829-1880



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

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
1.3 Zoning Information: \_\_\_\_\_ 1.4 Property Dimensions:
Zoning District Proposed Use Lot Area (sq ft) Frontage (ft)

1.5 Building Setbacks (ft)

Table with 6 columns: Front Yard (Required, Provided), Side Yards (Required, Provided), Rear Yard (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

2.1 Owner of Record:

Name (Print) City, State, ZIP
No. and Street Telephone Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK (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:

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Table with 3 columns: Item, Estimated Costs (Labor and Materials), Official Use Only (Fees, 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 (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:**

1. 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)

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) \_\_\_\_\_ Habitable room count \_\_\_\_\_

Number of fireplaces \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

Number of bathrooms \_\_\_\_\_ Number of half/baths \_\_\_\_\_

Type of heating system \_\_\_\_\_ Number of decks/ porches \_\_\_\_\_

Type of cooling system \_\_\_\_\_ Enclosed \_\_\_\_\_ Open \_\_\_\_\_

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



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 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 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)



City of Fitchburg  
 Building Department  
 166 Boulder Drive  
 Fitchburg, MA 01420  
 Phone: 978-829-1880  
 Fax: 978-829-1963

Permit # \_\_\_\_\_

**CONSTRUCTION DEBRIS FORM**

**Applicant procedure:** You may turn in this form at the time of application if you have all of the information complete at that time. Otherwise, complete it during the course of the project and send it to the Fitchburg Building Department prior to Final Inspection or hand to Inspector at Final Inspection. Final signoff will be withheld unless this form has been submitted. Please be sure to include the Building Permit number on the form if not submitted with permit application.

**SITE INFORMATION:**

**Property Address:** \_\_\_\_\_ Fitchburg, MA 01420

**Assessor's Parcel ID Numbers:** Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**PROPERTY OWNERSHIP/AUTHORIZED AGENT:**

Owner of Record: _____	Authorized Agent: _____
Phone Number: _____	Phone Number: _____
Mailing Address: _____	Mailing Address: _____

**REQUIRED REPORTING OF DEBRIS REMOVAL:** *As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a building or structure, MGL c. 40, § 54 requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A. Signature of the permit applicant, date, and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.*

<b>Building Permit Number:</b> _____	<b>Hauler/Contractor Responsible to Remove Debris:</b>
	Name: _____
<b>Estimated Amount of Debris (Cubic Yards or Tons):</b>	Phone Number: _____
	Mailing Address: _____
Amount Disposed: _____ <input type="checkbox"/> c.y. <input type="checkbox"/> Tons	
Amount Recycled: _____ <input type="checkbox"/> c.y. <input type="checkbox"/> Tons	DPU Certificate Number (if waste hauler): _____

In accordance with the provisions of MGL c. 40, § 54, all debris resulting from work associated with the accompanying Building Permit Application shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A. **Debris will be or has been disposed in:**

**Waste and/or Recycling Facility:**

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Mailing Address: _____	Mailing Address: _____

Note: If more than two facilities are used, please fill out their information, including signatures, on the back of this form. Also, if the debris is not disposed as indicated, the holder of the permit shall resubmit this form with the accurate information, including Building Permit Number, prior to final signoff.

I certify under the pains of perjury that the information above is true and accurate to the best of my knowledge and belief.

_____ Signature of Permit Applicant	Date: _____	_____ Signature of Contractor/Hauler	Date: _____
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**City of Fitchburg**  
**OFFICE OF THE TREASURER**

166 Boulder Drive  
Fitchburg, MA 01420

Anne M. Cervantes  
Treasurer/Collector

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

Name: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF TAX COMPLIANCE**

This document signed by the Treasurer certifies that as of the above date, that the above named Applicant is in compliance and in good standing with its tax obligations and fees payable under City code, including real estate, personal property and water and sewer fees and is not a delinquent taxpayer (longer than 12 months outstanding). This Certificate is issued in compliance with Part II, Article 3, Chapter 120, Section 22, Subsection (C) as amended by City Council. This Certificate is required for all original applications and renewal applications for any license or permit, other than those referred to in Section 120-24, and issued by any Department, Officer, Board, or Commission of the City but not limited to Building Permits, Zoning Board Appeals Applicants, Planning Board Applications, and Special Permits.

Very truly yours,

Anne M. Cervantes  
Treasurer/Collector  
City of Fitchburg



# Fitchburg, Massachusetts

## Office of the Building Commissioner

**Mark Barbadoro**  
Building Commissioner

### HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, \_\_\_\_\_ (full legal name),

born \_\_\_\_\_ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:  
  
Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a home owner.
4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)