

The Commonwealth of Massachusetts  
 State Board of Building Regulations  
 And Standards  
 Massachusetts State Building Code  
 790 CMR

## City of Everett Massachusetts Building Permit Application

Application to Construct, Repair, Renovate, Change the Use or Occupancy Of, or Demolish any Building

THIS SECTION FOR OFFICIAL USE ONLY

Building Permit Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Building Commissioner/Inspector of Buildings

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

**SECTION 1 SITE INFORMATION**

1.1 Property Address: \_\_\_\_\_

1.2 Assessors Map & Parcel Number: \_\_\_\_\_

Map \_\_\_\_\_ Parcel \_\_\_\_\_ Tax \_\_\_\_\_

1.3 Zoning Information: \_\_\_\_\_

1.4 Property Dimensions: \_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_ Lot Area (S.F.) \_\_\_\_\_ Frontage (Ft.) \_\_\_\_\_

Front Yard	Side Yard	Rear Yard
Required	Required	Required
Provided	Provided	Provided
/	/	/

1.6 Water Supply (M.G.L. c40, §54)  
 Public  Private

1.7 Flood Zone Information  
 Zone: \_\_\_\_\_ Outside Flood \_\_\_\_\_

1.8 Sewage Disposal System:  
 Municipal  On Site Disposal

**SECTION 2 PROPERTY OWNERSHIP/AUTHORIZED AGENT**

2.1 Owner of Record:

Name (Please Print) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2.2 Authorized Agent:

Name (Please Print) \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION 3 CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE**

3.1 Licensed Holder Information:

Not Applicable

License Holder \_\_\_\_\_

License Number \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

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

- UCSSL
- RCSL
- MCSL
- RCCSL
- WSCSL
- SPCSL
- DCSL
- ICSSL

Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

3.2 Registered Home Improvement Contractor:

Not Applicable

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

Registration Number: \_\_\_\_\_

Address \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SECTION 4— 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 5—Professional Design and Construction Services for Buildings and Structures Subject to Construction Control Pursuant to 780 CMR 116 (Containing more than 35,000 C.F. of Enclosed Space**

**5.1 Registered Architect**

Name (Registrant) \_\_\_\_\_

Not Applicable

Address \_\_\_\_\_

Registration Number: \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**5.2 Registered Professional Engineer(s)**

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

Area of Responsibility \_\_\_\_\_

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

Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Area of Responsibility \_\_\_\_\_

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

Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Area of Responsibility \_\_\_\_\_

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

Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Area of Responsibility \_\_\_\_\_

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

Registration Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Responsible Person in Charge of Construction \_\_\_\_\_

Address (Street City and State) \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SECTION 6— DESCRIPTION OF PROPOSED WORK (Check all that apply)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alterations <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Building <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> (Specify)		

Brief Description of Proposed Work:

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**SECTION 7— USE GROUP AND CONSTRUCTION TYPE**

USE GROUP (CHECK AS APPLICABLE)		CONSTRUCTION TYPE
A—Assembly	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-2r <input type="checkbox"/> A-2nc <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	I-A <input type="checkbox"/>
B—Business	<input type="checkbox"/>	I-B <input type="checkbox"/>
E—Education	<input type="checkbox"/>	II-A <input type="checkbox"/>
F—Factory	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2	II-B <input type="checkbox"/>
H—High Hazard	<input type="checkbox"/>	II-C <input type="checkbox"/>
I—Institutional	<input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4	III-A <input type="checkbox"/>
M—Mercantile	<input type="checkbox"/>	III-B <input type="checkbox"/>
R—Residential	<input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> R-5	IV <input type="checkbox"/>
S—Storage	<input type="checkbox"/> S-1 <input type="checkbox"/> S-2	V-A <input type="checkbox"/>
U—Utility	<input type="checkbox"/> Specify:	V-B <input type="checkbox"/>
M—Mixed Use	<input type="checkbox"/> Specify:	
S—Special Use	<input type="checkbox"/> Specify:	

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE OF USE**

Existing Use Group: \_\_\_\_\_ Proposed Use Group: \_\_\_\_\_

Existing Hazard Index (780 CMR 34) \_\_\_\_\_ Proposed Hazard Index (780 CMR 34) \_\_\_\_\_

**SECTION 8 – BUILDING HEIGHT AND AREA**

Building Area	Existing (If Applicable)	Proposed
Number of Floors or Stories Include Basement Levels		
Floor Area per Floor (S.F.)		
Total Area (S.F.)		
Total Height (Ft.)		

**SECTION 9 – STRUCTURAL PEER REVIEW (780CMR 110.11)**

Independent Structural Engineering Peer Review Required Yes.....  No.....

**SECTION 10A – OWNER AUTHORIZATION—TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I \_\_\_\_\_, as the Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf in all matters relative to work authorized by this building permit application.

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

**SECTION 10 B — OWNER/AUTHORIZED AGENT DECLARATION**

I \_\_\_\_\_ as Owner/ Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.  
Signed under the Pains and Penalties of Perjury.

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

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 11 ESTIMATED CONSTRUCTION COSTS**

ITEM	Estimated Cost (Dollars) To be completed by the Permit Applicant	Official Use Only	
		A. Building Permit Multiplier Fee	B. Estimated Total Cost of Construction
1. BUILDING			
2. ELECTRICAL			
3. PLUMBING			
4. MECHANICAL (HVAC)		Building Permit Fee (A X B)	
5. FIRE PROTECTION			
TOTAL (ADD ITEMS 1 TO 5)		Check Number	

**MASSACHUSETTS DEBRIS DISPOSAL LAW**  
M.G.L. c.40 §54, c584, §9; c111, §150A

**WILL YOUR WORK RESULT IN ANY DEBRIS?  
PLEASE CHECK:**

YES \_\_\_\_\_ NO \_\_\_\_\_ INITIALS \_\_\_\_\_

**FOR OFFICAL USE ONLY**

PLAN NUMBER \_\_\_\_\_ OF \_\_\_\_\_



# CITY OF EVERETT

## INSPECTORAL SERVICES DEPARTMENT

484 BROADWAY, ROOM 26  
EVERETT, MASSACHUSETTS 02149-3694  
OFFICE 617-394-2220 FAX 617-394-2433

**JOHN F. FIELD**  
DIRECTOR INSPECTORAL SERVICES  
INSPECTOR OF BUILDINGS  
617-394-2224

**FRANK NUZZO**  
DIRECTOR CODE ENFORCEMENT  
617-394-2227

To Whom It May Concern:

Effective June 1, 2010

All residential or commercial work involving demolition, including but not limited to, the demolition of a structure or the alteration, renovation or reconstruction of a structure that will create solid waste will require final sign off by the Health Department. This sign off will most likely involve one or more site inspections either by the City of Everett Health Department Inspectors or Licensed Inspectors and also completion of a certain Health Department check lists and/or forms.

Of particular concern are the removal and proper disposal of Asbestos Containing Materials (ACM), PCB's Mercury and other hazardous materials, items that contain Freon such as refrigerators, freezers, air conditioners and the like and Fuel Oil storage tanks.

The Building Permit application package will contain a Health Department notice on contact information and required inspection points.

The Building Permit Card will include a Health Department sign off box.

The Inspectional Services Department will not issue a Certificate of Occupancy until all sign off's, including the Health Department, if applicable are complete.

**John F. Field**  
Director of Inspectional Services



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**617-394-2227**

April 20, 2010

Re: Certificate of Insurance

As a reminder a copy of Your Certificate of Insurance must accompany the Workers Compensation Insurance Affidavit

In order to ensure better service please be sure to include this with your application.

The Inspectional Services Department thanks you.



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TYPE OR PRINT:

FORM "A"

RE: REFUSE/DEBRIS/HAZARDOUS MATERIAL DISPOSAL FOR THE FOLLOWING

TYPE OF MATERIAL: \_\_\_\_\_

ANY KNOWN HAZARDOUS MATERIALS INVOLVED? YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION OF JOB: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

ADDRESS OF CONTRACTOR: \_\_\_\_\_

PLEASE CHECK ONE: DUMPSTER: \_\_\_\_\_ TRUCK: \_\_\_\_\_

ESTIMATED AMOUNT OF REFUSE/DEBRI TO BE REMOVED \_\_\_\_\_ TONS  
CYDS

IF DUMPSTER:

NAME OF DUMPSTERCOMPANY: \_\_\_\_\_

ADDRESS OF DUMPSTER COMPANY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

IF TRUCK:

VEHICLE DESCRIPTION: \_\_\_\_\_

VEHICLE REGISTRATION: \_\_\_\_\_

SITE LOCATION WHERE CONTENTS OF TRUCK WILL BE DISPOSED AT:  
\_\_\_\_\_

NUMBER OF PROPOSED TRIPS TO DUMP SITE FOR THE REMOVAL OF THE DEBRIS FROM THIS PROJECT: \_\_\_\_\_

Being the licensed builder in charge of the above project I certify that to the best of my knowledge and belief that the above is correct.

SIGNATURE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**PLEASE NOTE:** The disposal of refuse and debris shall be done in accordance to the requirements of the state Building Code, Everett Zoning Ordinance, and all other pertinent



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**To: John Field —Director of Inspectional Services**

**From: Frank Nuzzo – Director of Code Enforcement**

**CERTIFICATE OF GOOD STANDING**

**MAP NUMBER:** \_\_\_\_\_ **LOT NUMBER:** \_\_\_\_\_

**STREET NAME & NUMBER:** \_\_\_\_\_

**OWNER OF PROPERTY:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_

**OWNER'S CITY/STATE:** \_\_\_\_\_

**RESEARCHED BY:** \_\_\_\_\_



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

**To:** **Domenico D'Angelo—Treasurer's Office**

**From:** **John F. Field—Inspector of Buildings**

The Inspector of Buildings requests the current tax status for the following Property:

**MAP NUMBER:** \_\_\_\_\_ **LOT NUMBER:** \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

**OWNER OF PROPERTY:** \_\_\_\_\_

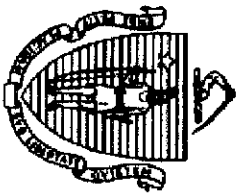
**OWNER'S ADDRESS:** \_\_\_\_\_

**OWNER'S CITY/STATE:** \_\_\_\_\_

**For Official use Only**

**TAXES CURRENT:** \_\_\_\_\_ **TAXES IN AREARS:** \_\_\_\_\_

**RESEARCHED BY:** \_\_\_\_\_



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

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a 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>
<p><b>Type of project (required):</b></p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>	

\* 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: **EVERETT, MA 02149**

**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: <b>EVERETT</b> 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: _____	Permit/License # _____ Phone #: <b>617-394-</b> _____
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# 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

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Fax # 617-727-7749  
www.mass.gov/dia